



CALIFORNIA ORBITAL CONSULTANTS

MADHU R. AGARWAL, M.D.

360 SAN MIGUEL DR. ♦ SUITE 307 ♦ NEWPORT BEACH ♦ CALIFORNIA 92660

PHONE (949) 441-5058 ♦ FAX (866) 777-5972

WWW.MYEYELIDSURGEON.COM

CONSULTATION REQUEST

NEURO-OPHTHALMOLOGY, OCULOPLASTICS, AND STRABISMUS

REFERRING DOCTOR INFORMATION

- ♦ Name _____
- ♦ Office Contact _____
- ♦ Phone Number _____
- ♦ Date of Request _____

PATIENT INFORMATION

- ♦ Name _____
- ♦ Date of Birth _____
- ♦ Home Address _____
- ♦ Phone Number _____
- ♦ Insurance _____
- ♦ Diagnosis _____

♦ Please fax this form along with imaging reports and clinic notes to our office. Please call for all **STAT Consults**.

♦ Patient may bring any imaging studies at the time of visit.