



LANCASTER

1739 West Avenue J. Lancaster, CA 93534
Tel. (661) 940-0555 Fax. (661) 940-0558
WWW.LANCASTEREYE.COM

TORRANCE

19000 Hawthorne Blvd. Suite 100. Torrance, CA 90503
Tel. (310) 909-8880 Fax. (310) 693-8091
WWW.CALIEYE.COM

VENTURA

1280 S. Victoria Ave. Suite 160 Ventura, CA 93003
Tel (805) 658-3937 Fax (805) 658-3930
WWW.ANACAPAVISION.COM

Babak Shabatian, M.D.

Diplomate American Board of Ophthalmology

Referral Form

Patient Details

Patient Name: _____

Tel No: _____

Insurance Info: _____

Insurance Type: HMO or PPO

Referring Doctor

Name: _____

Address: _____

Tel No: _____

Fax No: _____

DIAGNOSIS / REASON FOR REFERRAL

- Cataract Evaluation
- LASIK
- Laser (YAG)
- Retina (Diabetic/Plaquenil AMD) Other
- Dry Eye
- Glaucoma
- Other

Additional Notes / Comments: _____
