



**CITRUS VALLEY**  
EYECARE

**Kavita Surti, M.D.**

**Kristine Yin, M.D.**

475 W. Badillo Street  
Covina, CA 91723

**(626)732-2200**

**(626)966-7422**

PATIENT: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

APPT DATE: \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_

PHONE #: \_\_\_\_\_

AUTH #: \_\_\_\_\_

Consultation Only

Consultation & Surgery

Response By

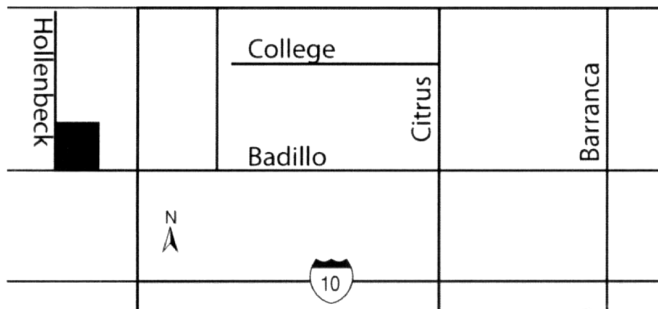
Phone \_\_\_\_\_  Letter \_\_\_\_\_

Fax \_\_\_\_\_  Email \_\_\_\_\_

Patient History

Emergent Eye in Question:  OD  OS

Routine Vision:  OD  OS



**CITRUS VALLEY**  
EYECARE

**Kavita Surti, M.D.**

**Kristine Yin, M.D.**

475 W. Badillo Street  
Covina, CA 91723

**(626)732-2200**

**(626)966-7422**

PATIENT: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

APPT DATE: \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_

PHONE #: \_\_\_\_\_

AUTH #: \_\_\_\_\_

Consultation Only

Consultation & Surgery

Response By

Phone \_\_\_\_\_  Letter \_\_\_\_\_

Fax \_\_\_\_\_  Email \_\_\_\_\_

Patient History

Emergent Eye in Question:  OD  OS

Routine Vision:  OD  OS

