



Referral Form

If you prefer, please feel free to fax or email us the patient's demographic and insurance information, and a copy of your clinical note, in whatever format is most convenient for you. Otherwise, please provide the information requested below.

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Phone: (626) 657-2020
Fax: (213) 377-9590
kaykhine@focuseyecenterla.com
bryanpauljones@focuseyecenterla.com

To see:

- Dr. Bryan Paul Jones, MD – comprehensive ophthalmologist and cataract surgeon
- Dr. Kay T. Khine, MD – glaucoma specialist and cataract surgeon
- Either

Date: _____

Patient Name: _____

Patient Phone Number: _____

Primary Insurance Company		
ID#	Group #	Effective Date
Subscriber Name		Relationship to Patient
Date of Birth	Employer	

Secondary Insurance Company		
ID#	Group #	Effective Date
Subscriber Name		Relationship to Patient
Date of Birth	Employer	

Referring Doctor: _____

Fax: _____

Phone Number: _____

Email: _____

Reason for consultation:
