Orange County Eye Project – Eye Clinic

Date of referral: _____

Please fax to Orange County Eye Project (OCEP) at **(877) 882-0425**

CONFIDENTIAL *- The information is this communication is confidential and is directed only to the intended recipient. Please do not forward this communication without permission. If you have received this communication in error, please notify the sender immediately and delete and/or destroy this communication.*

Patient information:

Name of the patient: _____

Address: _____

_____

Date of Birth: _____ Gender: _____

Phone number: _____

Referring practice:

Doctor: _____

Name of Practice/Institution: _____

Phone: _____ Fax: _____

Email: _____

Person to contact if we have any questions about this patient:

_____

Phone: _____ Email: _____

In case of any issues, please contact us via:

Phone: (714) 494-4085
Email: ocepclinic@retinaglobal.org
Text: (714) 494-4239