San Diego Eye Bank
Excimer Laser Center
9246 Lightwave Ave., Suite 120
San Diego, CA 92123

SAN DIEGO EYE BANK
CREATING A WORLD OF VISION...®

Phone: (858) 694-0400
Fax: (858) 565-7368

CONFOCAL ORDER

Appointment Date/Time:_____ Physician:_____

PATIENT INFORMATION

_____
Last First Date of Birth

_____
Street City State Zip

( )_____
Telephone

EYE(s): (Please circle)
OD OS OU

Diagnosis & History:_____

Report Requested: **OD**	Report Requested: **OS**
____ Non contact endothelial scan (20x lens)	____ Non contact endothelial scan (20x lens)
___ Generic external (tear film)	___ Generic external (tear film)
___ Pachymetry exam (40xlens + z-ring)	___ Pachymetry exam (40xlens + z-ring)
___ Full corneal exam (40x lens) (ie: Acanthamoeba, Fungal Hyphae, Fusarium)	____ Full corneal exam (40x lens) (ie: Acanthamoeba, Fungal Hyphae, Fusarium)

Physician's Signature:_____ Telephone:_____

SDEB to collect payment for Confocal: YES NO

- ☐ Mail results to Physician
- ☐ Fax results to Physician
- ☐ Patient to hand-carry results
- ☐ E-mail results to Physician

San Diego Eye Bank
FExc-015
Established: 10/07:NB
Revised: 2/09:NB, 10/09:NB, 3/12:ES