

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



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

# PENTACAM ORDER

Appointment Date/Time: \_\_\_\_\_ Physician: \_\_\_\_\_

## PATIENT INFORMATION

Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( )  
Telephone \_\_\_\_\_

**EYE(s):** (Please circle)  
Pre Op                      Post Op  
LASIK    PRK    INTRALASE    PTK  
OD        OS        OU

Diagnosis & History: \_\_\_\_\_

Report Requested: **OD**

- \_\_\_ Refractive
- \_\_\_ Scheimpflug Images
- \_\_\_ Keratoconus
- \_\_\_ Holladay
- \_\_\_ Anterior Chamber Depth: from Epi to Endo (circle)
- \_\_\_ Belin / Ambrosio Enhanced Ectasia
- \_\_\_ Other: \_\_\_\_\_

Report Requested: **OS**

- \_\_\_ Refractive
- \_\_\_ Scheimpflug Images
- \_\_\_ Keratoconus
- \_\_\_ Holladay
- \_\_\_ Anterior Chamber Depth: from Epi to Endo (circle)
- \_\_\_ Belin / Ambrosio Enhanced Ectasia
- \_\_\_ Other: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**SDEB to collect payment for Pentacam:    YES    NO**

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