

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



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**

____ Non contact endothelial scan (20x lens)

____ Generic external (tear film)

____ Pachymetry exam (40xlens + z-ring)

____ Full corneal exam (40x lens)
(ie: Acanthamoeba, Fungal Hyphae, Fusarium)

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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