

A Non-Profit Public Benefit Corporation • Fed. Id # 27-2235369 • P.O. Box 7 • Beaumont, CA 92223 • Phone/Fax (951) 845-4559 www.CaliforniaLionsFriendsInSight.org

CALIFORNIA LIONS EDIENDS IN SIGHT: DEFEDRAL/CONSULTATION FORM

CALIFORNIA LIONS FRIENDS IN SIGHT: REFERRAL	CONSULTATION FORM
ON/, THE PATIENT LISTED BELOW WAS SESCREENING CONDUCTED BY THE CALIFORNIA LIONS FRIENDS IN SIGN	EEN AT A VISION HT AT
THE SCREENING REVEALED THE NEED TO ASSESS/	TREAT THE FOLLOWING:
1	
2	
3	
4	
MISCELLANEOUS NOTES:	
1 EMERGENCY / URGENT / NON-URGENT 2 EMERGENCY / URGENT / NON-URGENT 3 EMERGENCY / URGENT / NON-URGENT 4 EMERGENCY / URGENT / NON-URGENT	O.D. / D.O. / M.D.
PATIENT NAME:	middle
PATIENT DOB:/PATIENT SEX: M	
PATIENT PHONE NUMBER: ()	
PATIENT HAS HEALTH COVERAGE: [] commercial plan [] medicare [] n PATIENT HAS NO CURRENT HEALTH COVERAGE BUT WILL PURSUE: [] patient received sheet explaining CLFIS Access to Care Policy	nedi-cal [] misp/cmsp [] other [] commercial plan [] medicare [] medi-cal [] misp/cmsp [] other