SCEI SOUTHERN CALIFORNIA EYE INSTITUTE

ROHIT VARMA, MD, MPH
ALENA REZNIK, MD
JACOB REZNIK, MD

DATE _____

PATIENT INFORMATION

PATIENT NAME _____

PHONE _____

EMAIL _____

REFERRING PHYSICIAN INFORMATION

REFERRED BY _____

PHONE _____ FAX _____

EMAIL _____

DIAGNOSIS AND COMMENTS _____

CHECK LOCATION REQUESTED

❑ 1300 N Vermont Ave
Suite 101
Los Angeles, CA 90027

❑ 8635 W Third St
Suite 360W
Los Angeles, CA 90048

❑ 5353 Balboa Blvd
Suite 110
Encino, CA 91316

❑ 625 S Fair Oaks Ave
South Lobby, Suite 265
Pasadena, CA 91105

❑ 8501 Brimhall Rd
Suite 402
Bakersfield, CA 93312

Please bring the following documents to your clinic visit:

☐ Insurance Card(s)
☐ Valid Photo Identification
☐ Medical Records, Imaging and Other Test Results

contact@sceyes.org www.sceyes.org

FOR APPOINTMENTS PLEASE CALL
833.270.3937 (EYES)