

## ***Inherited Retina Diseases Referral Form***

*Please download this form, have your referring provider fill it out, and then ask them to fax it to **404-778-4380** before your scheduled visit at the Emory Eye Center.*

*\*Incomplete referral forms will not be processed.*

**Appointment Status (check one):**  Urgent  First available

**Diagnosis:**

**Reason for visit:**

**Receiving clinician  
(circle one):**

Nieraj Jain, MD

Jiong Yan, MD

Kevin Ferenchak, MD

Dan Martin, MD

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Patient's Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Guarantor: \_\_\_\_\_ Guarantor's DOB: \_\_\_\_\_

Referring Clinician: \_\_\_\_\_ Specialty: \_\_\_\_\_

Referring Practice: \_\_\_\_\_

Referring Clinician's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_



## Next steps to schedule an appointment:

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### For Providers:

1. Register your patient: call 404-778-2020 to share your patient's details
2. Fax the following items to 404-778-4380
  - The referral form *\*Incomplete forms will not be processed*
  - All medical records, including diagnostic testing, X-rays, CTs, MRIs, Humphrey or Goldman Visual Field results and any lab test results
  - The disc containing patient's images via Powershare or in physical copy

### For Patients:

1. Bring your ID, insurance card and office co-pay (if necessary)

Thank you for choosing  
**Emory Eye Center**