Low Vision Referral Form

*Please download this form, have your referring provider fill it out, and then ask them to fax it to **404.778.5609** before your scheduled visit at the Emory Eye Center.*

EMORY
EYE CENTER

Appointment status (*check one*): _____**Urgent** _____**First Available**

Patient's name_____DOB:_____

Patient's address_____

Phone(s):_____SSN_____

Insurance_____ID#_____

Guarantor_____Guarantor's DOB_____

Name & specialty of referring clinician _____

Referring clinician's phone & fax #s:_____

Receiving clinician (*circle one*):

- **Susan Primo, OD, MPH, FAAO**
- **Kenneth Rosengren, OD, FAAO**

Referring Providers: Please fax the following items to ***404.778.5609:***

- ***This cover sheet***
- All relevant records, including any lab test results
- Humphrey or Goldman Visual Field results

Please also send any imaging discs, including reports, with your patient.

Patients: Please remember to:

- Schedule your initial Emory Eye Center appointment by calling 404.778.2020
- Obtain and bring a disc containing your imaging to this appointment.
- Bring your ID, insurance card, and, if necessary, a written referral

Thank you for choosing

Emory Eye Center