



## Ocular Oncology Referral Form

Please download this form, have your referring provider fill it out, and then ask them to fax it to **404.778.3413** 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 for ocular oncology is **Dr. Jill Wells**.

**Referring Providers:** Please fax the following items to Dr. Wells at **404.778.3413**:

- ***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**