



**EMORY**  
EYE CENTER

## Pediatric Ophthalmology and Adult Strabismus Referral Form

Please download this form, have your referring provider fill it out, and then ask them to fax it to **404.778.5203** before your scheduled visit at the 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):

- Amy K. Hutchinson, MD
- Phoebe Lenhart, MD
- Carolina Adams, MD
- Jason Peragallo, MD
- Tiffany Huang, MD

**Referring Providers:** Please fax the following items to **404.778.5203**:

- ***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 the Emory Eye Center**