

# Retina 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):**

Dan Martin, MD  
Baker Hubbard, MD  
Andrew Hendrick, MD  
Blaine Cribbs, MD  
Jiong Yan, MD  
Kevin Ferenchak, MD  
Ayesha Hossain, MD  
Nieraj Jain, MD  
Joshua Barnett, MD  
Sruthi Arepalli, 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**