



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.

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*):

Baker Hubbard, MD

Andrew Hendrick, MD

Ghazala O'Keefe, MD

Blaine Cribbs, MD

Jiong Yan, MD

Kevin Ferenchak, MD

Ayesha Hossain, MD

Nieraj Jain, MD

Joshua Barnett, MD

Sruthi Arepalli, MD

Referring Providers: Please fax the following items to **404.778.4380**

- ***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