

Emory Eye Center – Glaucoma division referral form

Please fax 404 778 6581

Please note that referral forms without reason for referral and visual fields (if they are done at your practice) will not be processed. If a previous ophthalmology note is not available – please refer to our comprehensive service or optometry

1. Referral Information

- Date of Referral: _____
- Urgency of referral: _____
- Reason for Referral: _____

2. Referring Provider

- Provider Name: _____
- Specialty: _____
- Practice/Institution: _____
- Phone: _____
- Fax/Email: _____

3. Patient Demographics

- Full Name: : _____
- DOB: : _____
- Phone Number: : _____
- Insurance: : _____

4. Are at least 2 patient notes included (notes must include VA, IOP, medications, surgery). If not please explain why

Yes No — Explanation if no: : _____

5. Are patient visual fields included. If not please explain why

Yes No — Explanation if no: : _____

6. Eye details

	Right eye	Left eye
Visual acuity		
IOP		
Glaucoma diagnosis		
Glaucoma Meds		
Surgeries		
Other ocular diagnoses		
Other comments		

Next steps to schedule an appointment:

For Providers:

1. Register your patient: call 404-778-2020 to share your patient's details
2. Fax the complete referral form with 2 clinical notes and fields and any additional testing and 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