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: _____

EMORY
EYE CENTER

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 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

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