



Comprehensive Ophthalmology Referral Form

Please download this form, have your referring provider fill it out, and then ask them to fax it to the appropriate Emory clinician before your scheduled visit at the 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 #: _____

Receiving clinician (circle one):

Maria Aaron, MD

Emily Graubart, MD

Xiaoqin Alexa Lu, MD

Priyanka Sood, MD

Jill Wells, MD

Referring Providers: Please fax this cover sheet, the patient's Humphrey or Goldman Visual Field results, and any relevant records or lab test results to the appropriate number.

- For Drs. Aaron, Graubart, Sood, and Wells: **404.778.3413**
- For Dr. Lu: **404.778.4610**

Please also send any imaging discs, including reports, with your patient.

Patients: Please remember to:

- Schedule your initial 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 Emory Eye Center