



EMORY
EYE CENTER

Inherited Retina Diseases 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.

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*):

- **Nieraj Jain, MD**
- **Jiong Yan, MD**
- **Kevin Ferenchak, 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