



**Emory Eye Center  
Department of Contact Lens  
Referral Form**

Urgent? YES NO

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**REFERRED TO (PLEASE CIRCLE ONE):**

First Available

Rebecca Emiah, OD

Boris Severinsky, OD

Diagnosis: \_\_\_\_\_

Referring Provider  
Name & Specialty: \_\_\_\_\_

Phone & Fax: \_\_\_\_\_

Please fax records to (404) 778-5823.

**Please have referring office/parent/patient call (404) 778-2020 to register the patient's demographic information.**

**If an urgent appointment is being requested, please mark notes as urgent, fax the notes to (404) 778-5823, and call (404) 778-2020. The referring provider's office or patient will be contacted after notes are reviewed by the provider.**

**Thank you for choosing Emory!**