



**Emory Eye Center
Department of Comprehensive Ophthalmology
Referral Form**

Urgent? YES NO

Patient Name: _____ DOB: _____

Address: _____

Phone Number(s): _____

REFERRED TO (PLEASE CIRCLE ONE):

- | | |
|----------------------------------|------------------------|
| First Available | Dr. Xiaoqin Alexa Lu |
| Dr. Maria Aaron (cataracts only) | Dr. Jacquelyn O'Banion |
| Dr. James Bedrick | Dr. Priyanka Sood |
| Dr. Emily Graubart | Dr. Jill Wells |

Diagnosis: _____

Referring Provider
Name & Specialty: _____

Phone & Fax: _____

Please fax records (including Lab Test Results), along with this cover sheet to **(404) 778-2244**.
Records for Dr. Lu should be faxed to (404) 778-6168.

Please ensure that the patient brings a disc containing imaging to the scheduled appointment, if applicable.

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) 778-2244 (or 404-778-6168 for Dr. Lu), and call (404) 778-2020. The referring provider's office will be contacted after notes are reviewed by a physician.

Thank you for choosing Emory!