



**Emory Eye Center
Department of Neuro-Ophthalmology
Referral Form**

Urgent? YES NO

Patient Name: _____ DOB: _____

Address: _____

Phone Number(s): _____

REFERRED TO (PLEASE CIRCLE ONE):

First Available

Dr. Kannan Narayana

Dr. Valerie Biousse

Dr. Nancy Newman

Dr. Michael Dattilo

Dr. Jason Peragallo

Diagnosis: _____

Referring Provider
Name & Specialty: _____

Phone & Fax: _____

Please fax records and labs (if applicable), along with this cover sheet to (404) 778-4849. Please fax notes to Dr. Narayana to (404) 686-4785.

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 patient and schedule appointment.

If an urgent appointment is being requested, please mark notes as urgent, fax notes to (404) 778-4849 or (404) 686-4785, 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!