

**Emory Eye Center  
Department of Vitreoretinal (Retina) Surgery and Diseases  
Referral Form**

**Urgent? YES NO**

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

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

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

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

- |   |  |
|---|--|
| First Available                             | Dr. Ghazala O’Keefe (medical)          |
|   | Dr. Purnima Patel (medical)            |
| Dr. Blaine Cribbs (medical/surgical)        | Dr. Prethy Rao (medical/surgical)      |
| Dr. Andrew Hendrick (medical/surgical)      | Dr. Jessica Shantha (medical/surgical) |
| Dr. G. Baker Hubbard III (medical/surgical) | Dr. Jiong Yan (medical/surgical)       |
| Dr. Nieraj Jain (medical/surgical)          | Dr. Steven Yeh (medical/surgical)      |

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

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

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

Please fax records (including Lab Test Results), along with this cover sheet to (404) 778-4380.

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) 778-4380, 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!**