

**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. Blaine Cribbs (medical/surgical) Dr. Purnima Patel (medical)

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!