



**Emory Eye Center  
Department of Uveitis & Vasculitis  
Referral Form**

Urgent? YES NO

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

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

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

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

First Available

Dr. Jessica Shantha

Dr. Ghazala O'Keefe

Dr. Steven Yeh

Dr. Purnima Patel

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 at 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) 778-4380, 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!**