



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. Maria Aaron (cataracts only)

Dr. Xiaoqin Alexa Lu

Dr. James Bedrick

Dr. Jacquelyn O'Banion

Dr. Emily Graubart

Dr. Jill Wells

DIAGNOSIS: \_\_\_\_\_

REFERRING PROVIDER  
NAME & SPECIALTY: \_\_\_\_\_

PHONE & FAX NUMBER: \_\_\_\_\_

PLEASE FAX RECORDS AND LABS (IF APPLICABLE), ALONG WITH THIS COVER SHEET, TO (404)778-2244.  
RECORDS FOR DR. LU SHOULD BE FAXED TO (404)778-6168.

PLEASE ENSURE THAT PATIENT BRINGS A DISC CONTAINING IMAGING TO SCHEDULED APPOINTMENT, IF APPLICABLE.

**PLEASE HAVE REFERRING OFFICE/ PARENT/PATIENT CALL (404)778-2020 TO REGISTER  
PATIENT'S DEMOGRAPHIC INFORMATION.**

**IF AN URGENT APPOINTMENT IS BEING REQUESTED, PLEASE MARK NOTES URGENT, FAX NOTES, AND CALL 404-778-2020.  
THE REFERRING PROVIDER'S OFFICE OR PATIENT WILL BE CONTACTED AFTER NOTES ARE REVIEWED BY A PHYSICIAN.**

***THANK YOU FOR CHOOSING EMORY!***