



Emory Eye Center

Department of Cornea, External Disease, and Refractive Surgery

Referral Form

Urgent? YES NO

Patient Name: _____ **DOB:** _____

Address: _____

Phone Number(s): _____

REFERRED TO (PLEASE CIRCLE ONE):

First Available

Dr. Soroosh Behshad

Dr. Priyanka Sood (refractive surgery only)

Dr. Joung (John) Kim

Dr. Praneetha Thulasi

Diagnosis: _____

Referring Provider Name & Specialty: _____

Phone & Fax: _____

Please fax records, lab test results (if applicable), and this cover sheet to (404)778-2244.

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)778-2244, 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!