



**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. Rachel Shah

Dr. Ghazala O’Keefe

Dr. Ayesha Hossain

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!