



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. Emily Graubart

Dr. Maria Aaron (cataracts only)

Dr. Priyanka Sood

Dr. Xiaoqin Alexa Lu

Dr. Jill Wells (cataracts only)

Dr. Jacquelyn O'Banion

Diagnosis: \_\_\_\_\_

Referring Provider Name & Specialty: \_\_\_\_\_

Phone & Fax: \_\_\_\_\_

Please fax records, lab test results (if applicable), and this cover sheet.

- Fax number for Dr. Aaron, Dr. Graubart, and Dr. Wells is (404)778-2244. These physicians see patients at Emory main campus at 1365 Clifton Road.
- Fax number for Dr. Bedrick and Dr. Lu is (404)778-6168. These physicians see patients at our Emory St. Joseph's location.
- Fax number for Dr. O'Banion and Dr. Sood is (404)686-4785. These physicians see patients at our Emory Midtown location.

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 the appropriate fax number above, 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!**

