

**Emory Eye Center  
Department of Vitreoretinal (Retina) Surgery and Diseases  
Referral Form**

Urgent? YES NO

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

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

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

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

First Available

Dr. Ghazala O’Keefe (medical)

Dr. Blaine Cribbs (medical/surgical)

Dr. Ayesha Hossain (medical)

Dr. Rachel Shah (medical/surgical)

Dr. Andrew Hendrick (medical/surgical)

Dr. Joshua Barnett (medical/surgical)

Dr. G. Baker Hubbard III (medical/surgical)

Dr. Jiong Yan (medical/surgical)

Dr. Nieraj Jain (medical/surgical)

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 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) 778-4380, 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!**