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## REFERRAL FORM

DATE: \_\_\_\_\_

### URGENCY:

Urgent (Same Day, OR Within 1-3  
Days, Please Call to Schedule)  
Within 1 Week  
Next Available

REFERRING PROVIDER: \_\_\_\_\_

OFFICE LOCATION: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY MEDICAL INSURANCE: \_\_\_\_\_

SECONDARY MEDICAL INSURANCE: \_\_\_\_\_

## REASON FOR REFERRAL

VISUAL ACUITY | OD: \_\_\_\_\_ OS: \_\_\_\_\_

Retinal Detachment	Diabetic Retinopathy
Retinal Tear	Retinal Hemorrhage
Retinal Hole	Retinal Vein Occlusion
Macular Hole	Macular Degeneration
Epiretinal Membrane	Drusen
Uveitis	Visual Disturbances (Flashes, Floaters, Shadows)

Other \_\_\_\_\_

### REQUESTED LOCATION:

**Raleigh** (4414 Lake Boone Trail, Suite 302, Raleigh, NC 27607)

**Wake Forest** (3113 Rogers Rd, Suite 200, Wake Forest, NC 27587)

**Cary** (106 Ridge View Dr, Suite 100, Cary, NC 27511)

**Clayton** (220 Springbrook Ave, Suite 100, Clayton, NC 27520)

**North Raleigh** (5900 Six Forks Rd, Suite 105, Raleigh, NC 27609)

**Chapel Hill** (120 Conner Dr, Suite 100, Chapel Hill, NC 27514)

**Fuquay-Varina** (1006 Procure St, Ste 300, Fuquay-Varina, NC 27526)

**Sanford** (1212 Central Dr, Suite 102, Sanford, NC 27330)

**Greenville** (2613 W. Arlington Blvd, Suite 102, Greenville, NC 27834)

*\*Please include the most recent visit note, demographics, copy of medical insurance card(s), and this form when faxing the referral. We will contact your patient at our earliest convenience.*

*We ask that you inform your patient to be prepared for any possible co-pay expected with their insurance, which is due at the time of service, and that dilation will occur at the appointment.*

**Please call our office if your patient needs an emergent/ urgent appointment.**

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