



# Ophthalmology

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## Referral Form:

**Please fax the following documents with this referral form:**

- Office Notes
- Current Medications
- Copy of insurance card
- Any imaging and/or interpretation of imaging that may be useful (if possible)

### Patient Information:

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Referring Physician Information:

Physician Name: \_\_\_\_\_

Name of Person faxing information: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Reason for Visit:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Office Use Only

Patient has appointment with **Dr. Wray** on \_\_\_\_\_ @ \_\_\_\_\_