



PURNIMA S. PATEL, MD

General Ophthalmology & Cataract Surgery
Medical Retina & Uveitis Specialist
Ophthalmology & Retina
Associates of Georgia, LLC
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WWW.ORAOFGA.COM

Thank you for trusting Ophthalmology and Retina Associates of Georgia with your patient's care

Urgent Referral? YES NO

Patient Name: _____ **DOB:** _____

Address: _____

Phone Number(s): _____

Insurance Name: _____ **Members ID:** _____ **Account Holder:** _____

REFERRED FOR (PLEASE MARK ONE): General Ophthalmology Cataract Surgery Diabetic Eye Exam
Uveitis Retinal Disease: _____ Other: _____

Diagnosis: _____

Referring Physician/ Optometrist: _____

Practice Name: _____ **Specialty:** _____

Phone: _____ **Fax:** _____

Please fax office visits notes (including Lab Test Results), along with this cover sheet to (404) 777-7701.

For **uveitis** patients, please fax autoimmune /infectious lab work-up if done.

For **diabetic** patients, please list last A1c: _____ Date: _____

Please have referring office/parent/patient call (404) 777-2020 to register the patient's demographic information.

If an urgent appointment is being requested,

Please mark notes as urgent, fax the notes to (404)777-7701, and call (404) 777-2020. We will do our best to get your patient added in a timely manner.

Thank you for choosing ORA!



Excellence in Ophthalmology with Passion For Patient Care

