



**\*THIS IS A MEDICAL, NON-INSURANCE REFERRAL FORM\***

## UEC REFERRAL SERVICE

For appointments: Call **(888) 327-5533**  
Fax (212) 938-4020 Email: [referral@sunyoft.edu](mailto:referral@sunyoft.edu)

*The Patient Care Facility of the SUNY/College of Optometry  
33 West 42nd Street, NYC 10036 (between 5th and 6th Avenues)*  
**[www.UniversityEyeCenter.org](http://www.UniversityEyeCenter.org)**

Date of Referral _____		Referred By <b>(First &amp; Last Name)</b> _____		Name of Practice/Facility _____	
Patient Name <b>(First &amp; Last Name)</b> _____		DOB _____		Address of Referring Provider _____	
Patient Address <b>(Required)</b> _____		APT # _____		City _____ State _____ Zip _____	
City _____ State _____ Zip _____		Phone # _____		Fax # _____	
Patient Phone # <b>(Required)</b> _____		Preferred Language _____		E-mail Address _____ NPI # _____	
Member Insurance _____		Member ID# _____		Do you dispense eyeglasses at this location <b>(Required)</b> _____	
Please fax copy of insurance card (front & back) _____				Yes No	

**IS THIS REFERRAL FOR EMERGENT CARE (24 - 48 HRS)? REQUIRED:** Yes No

\_\_\_\_ I would like my patient to continue care at SUNY for the referred issue. Patient is to return to me for comprehensive care.  
\_\_\_\_ I would like to transfer care of this patient to SUNY.

**\*\*\*IMPORTANT! PLEASE SEND A COPY OF THE MOST RECENT EYE EXAM WITH THIS FORM\*\*\***

Referred to (check one):		Correspondence: (check one)	
____ Imaging Center only (Dx needed)	____ Consultation	____ Consultation & Treatment	____ Please Call
____ w/ Interpretation	(Please check Specialty Care for Consults)		____ Mail Report
____ w/o Interpretation			____ Fax Report
			____ Health Info Exchange

### Special Testing:

\_\_\_\_ ONH/NFL Imaging  
\_\_\_\_ Macular/Retinal Imaging  
\_\_\_\_ Optical Biometry (IOL Master)  
\_\_\_\_ Corneal Topography  
\_\_\_\_ Corneal Endothelial Count  
\_\_\_\_ Pachymetry  
\_\_\_\_ Ultrasound Biomicroscopy  
\_\_\_\_ A and B Scan Ultrasonography  
\_\_\_\_ Fluorescein Angiography  
\_\_\_\_ Digital Photography  
\_\_\_\_ Visual Field Test  
\_\_\_\_ VEP  
\_\_\_\_ ERG/EOG (10 years & older)  
\_\_\_\_ Meibography

### Specialty Care:

\_\_\_\_ Cataract  
\_\_\_\_ Cornea  
\_\_\_\_ Contact Lenses  
\_\_\_\_ Myopia Management **\*COPY OF COMPLETE EYE EXAM REQUIRED!**  
\_\_\_\_ Prosthetic Fit  
\_\_\_\_ Retina  
\_\_\_\_ Glaucoma  
\_\_\_\_ Neuro-ocular  
\_\_\_\_ Oculoplastics  
\_\_\_\_ Dry Eye  
\_\_\_\_ Hereditary Retinal & Optic Nerve Disease

Binocular Vision Evaluation **\*COPY OF COMPLETE EYE EXAM REQUIRED!**  
Strabismus/Amblyopia Evaluation **\*COPY OF COMPLETE EYE EXAM REQUIRED!**  
Learning Disabilities  
Low Vision **\*COPY OF COMPLETE EYE EXAM WITH DILATION REQUIRED!**  
Infant Vision (birth to 4 years of age)  
Pediatrics (5 to 13 years of age)  
Pediatric Ocular Disease (<14 years)  
Strabismus Surgical Consult (all ages)  
Children w/Special Needs (<18 years)  
Adults w/Disabilities  
Primary Care/CEE (14 years & older)  
Color Vision Test

Diagnoses: \_\_\_\_\_ Patient's latest refraction: OD \_\_\_\_\_ OS \_\_\_\_\_

Diagnosis Codes: \_\_\_\_\_ Visual Acuity \_\_\_\_\_

Reason(s) for Referral/Pertinent Information:

**IMPORTANT!** Date of last dilated fundus exam and findings:

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### **The UEC participates in the following insurance plans**

1199 Natl Benefit Fund	Empire Blue Cross/Shield	Neighborhood Health
AARP	Empire Plan (NYSHIP)	NVA
Aetna	Eyemed	NYC Department of Education (Voucher Required)
Affinity Health Plan	EyeQuest	Optum VA
AmidaCare	Fidelis	Oxford
Catholic Guild (Voucher Required)	Guildnet	Spectera Vision
Centerlight	GHI	United Healthcare (Excluding UH Mosaic Plan)
Cigna	Healthfirst	VESID (Authorization Required)
Commission for the Blind (Voucher Required)	HealthPlus Amerigroup	VillageCare Max Advantage
Coventry	Magnacare PPO	Vision Service Plan (VSP)
Davis Vision	March Vision	Visiting Nurse Services (Medicare Advantage Plan)
Elder Plan	New York State Medicaid	Wellcare
Emblem Health (GHI/HIP)	Medicare	
	Metroplus	
	Multiplan	
	(Please check your individual Plan)	

**The UEC's participation with insurance plans is constantly evolving.  
Please call to verify if we participate with your plan: 212-938-4001**

### **How to get to the University Eye Center**

- The B,D,V or F to 42nd Street and 6th Avenue
- The 4, 5, or 6 to 42nd Street / Grand Central Station
- The 1, 2, 3, 9, A, C, E, N, R, Q or W to 42nd Street/Times Square
- Metro North to Grand Central Station
- The 7 train to 5th Avenue
- The M42 and M104 buses stop half a block away
- The LIRR to Penn Station and Grand Central (**NEW**)

The University Eye Center is located across the street from Bryant Park and the main branch of the New York Public Library. The address is 33 West 42nd Street, which is located between 5th and 6th Avenues. There are several public parking garages located along West 43rd Street (fees apply).

