



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

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

Form fields for patient information: Date of Referral, Patient Name, Patient Address, City, State, Zip, Patient Phone #, Preferred Language, Member Insurance, Member ID#, etc.

IS THIS REFERRAL FOR EMERGENCY 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):

- Imaging Center only (Dx needed) w/ Interpretation
w/o Interpretation

- Consultation
Consultation & Treatment
(Please check Specialty Care for Consults)

Correspondence: (check one)

- Please Call
Mail Report
Fax Report
Health Info Exchange

Imaging & 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
Digital Photography
VEP
ERG/EOG (10 years & older)
Meibography
Fluorescein Angiography (or OCT-A)
Visual Field Test *DISTANT RX

Specialty Care:

- Ocular Surface Disease
Amniotic Membranes
Lipiflow
Intense Pulsed Light (IPL)
Oculoplastics
Cataract
Corneal Disease
Contact Lenses
Prosthetic Evaluation/Fit
Myopia Management *COPY OF COMPLETE EYE EXAM REQUIRED!
Glaucoma
Neuro-ocular
Retina
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
Acquired Brain Injury
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

REQUIRED & VF PATTERN:

Humphrey 24-2 30-2 10-2 Other

Diagnoses: Refraction: OD OS

Diagnosis Codes: Visual Acuity: OD OS

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



(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,F or M to 42nd Street and 6th Avenue
- The 4, 5, or 6 to 42nd Street / Grand Central Station
- The 1, 2, 3, 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).

