



Referral Form

Fax: (678) 381-2015

Dr. Milan R. Patel

Cataract, Refractive and Corneal Surgeon

6375 Hospital Parkway

Suite 100

Johns Creek, GA 30097

Office: (678) 381-2020

Referring Doctor: _____

Phone #: _____ Fax #: _____

Patient Name: _____

Patient Phone #: _____

is being referred for consultation of:

- Cataract Eval Diabetic / Hypertension Eval Glaucoma Eval



MILAN
EYE
CENTER

Referral Form

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Pterygium Eval LASIK Eval Eye Emergency / Trauma

Narrow Angles YAG Capsulotomy Other: _____

Special Tests Requested / Notes: _____

- ❖ Patient should bring a list of current eye medications to appointment.
- ❖ It is the patient's responsibility to verify insurance coverage prior to the day of the appointment.
- ❖ Patient should bring insurance information to the appointment.
- ❖ If patient wears contact lenses, they should also bring glasses to appointment.