



Division of Pediatric Ophthalmology

Telephone: (212) 305-9535
Fax: (646) 317-3868
www.columbiaeye.org

Pediatric Ophthalmology Referral Form

Referral to: Steven Brooks, MD Lauren Yeager, MD No Preference

Date of request _____

Referring Physician _____ Referring Physician Phone _____

Diagnosis/Reason for Referral _____

Patient's Name (Last, First) _____ Gender: Male Female
Please provide the spelling of the name as seen on the insurance card

DOB _____ MRN _____ E-mail _____

Telephone Primary _____ Telephone Secondary _____

Address _____

Guarantor Name _____ Guarantor DOB _____

Primary Insurance* _____ Insurance I.D. _____

Secondary Insurance* _____ Insurance I.D. _____

*** Or attach a copy of the patient's insurance card**

Comments: _____

Please attach any necessary insurance authorization form required by the patient's plan. All completed forms should be faxed to **646-317-3868**. Thank you.