



THIS IS A MEDICAL, NON-INSURANCE REFERRAL FORM

UEC REFERRAL SERVICE

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

www.UniversityEyeCenter.org

For appointments:
Call (888) 327-5533 or Fax (212) 938-4020

Date of Referral, Referred By (First & Last Name), Name of Practice/Facility, Patient Name (First & Last Name), DOB, Address of Referring Provider, Patient Address (Required), City, State, Zip, Phone #, Fax #, Patient Phone # (Required), E-mail Address, NPI #

Member Insurance, Member ID#, Do you dispense eyeglasses at this location (Required) Yes No, Please fax copy of insurance card (front & back)

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

IS THIS REFERRAL URGENT (24 - 48 HRS)? 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.

Correspondence: (check one)
Please Call
Mail Report
Fax Report

Referred to (check one):
Imaging Center only (Dx needed)
w/ Interpretation
w/o Interpretation
Consultation
Consultation & Treatment

Special Testing: ONH/NFL Imaging, Macular/Retinal Imaging, Optical Biometry (IOL Master), Corneal Topography, Pachymetry, Ultrasound Biomicroscopy, A and B Scan Ultrasonography, Fluorescein Angiography (Dx needed), Digital Photography, Visual Field Test, VEP, ERG/EOG
Specialty Care: Cataract, Cornea, Contact Lenses, Myopia Control, Prosthetic Fit, Retina, Glaucoma, Neuro-ocular, Oculoplastics, Dry Eye, Hereditary Retinal, Optic Nerve Disease
Vision Therapy**PLEASE ATTACH COPY OF COMPLETE EYE EXAM + DFE RESULTS**
Head Trauma/Acquired Brain Injury, Sports & Performance Vision, Learning Disabilities, Low Vision Rehabilitation, Infant Vision (birth to 4 years of age), Pediatrics (5 to 13 years of age), Pediatric Ocular Disease (<14 years of age), Children w/ Special Needs (<18 years of age), Adults w/ Disabilities, Primary Care/CEE (14 years of age & older), Color Vision Test

Diagnoses: Patient's latest refraction: OD

Diagnosis Codes: OS

Reason(s) for Referral/Pertinent Information:

Blank lines for Reason(s) for Referral/Pertinent Information

IMPORTANT! Date of last dilated fundus exam and findings:

Blank line for Date of last dilated fundus exam and findings

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Participating Insurance Programs

Aetna	Eyemed (BlueView)	Multiplan/PHCS
Affinity	Fidelis	Neighborhood Health Plan
Amerigroup	Guildnet	NVA
Block Vision	Healthcare Partners (HCP)	Optum Health (Spectera)
Catholic Guild (Voucher)	Healthfirst (Medicaid Only)	Oxford
Commission for the Blind (Voucher)	Healthplus	POMCO Group PPO
Community Plan (Americhoice)	Independence Care System (ICS)	Senior Health Partners
Cigna	Kress	Touchstone
Coventry	Liberty Health Advantage	United Healthcare
Davis Vision	Magnacare	VIPA
DentaQuest/EyeQuest	MarchVision	VESID (Voucher)
ElderPlan	Medicaid	VISIONS (Voucher)
Emblem Health (GHI/HIP)	Medicare	VSP/VSPM
Empire Blue Cross/Shield	MES	Well Care
Empire Plan (NYS)	Metroplus	1199

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

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.

