



UNC Ophthalmology Referral Form

Please fill out both pages completely.

Referring Provider Information

Referring Provider Name	
Practice Name	
Street Address	
City, State, Zip Code	
Provider NPI Number	
Practice Phone	
Practice Fax	

Patient Information

Patient Name	
Birth Date	
Legal Sex	
Email	
Street Address	
City, State, Zip Code	
Primary Number	<input type="checkbox"/> Mobile <input type="checkbox"/> Home
Secondary Number	<input type="checkbox"/> Mobile <input type="checkbox"/> Home
Parent Name, D.O.B. (if patient is a minor)	
Preferred Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Insurance Name	
Primary Insurance ID	
Secondary Insurance Name	
Secondary Insurance ID	



Appointment Request

Priority	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent
Specialty/Provider Requested	
Diagnosis/Diagnoses (ICD-10 preferred)	
Reason for Referral	

***Please submit relevant medical records along with this referral form to avoid processing delays. ***

Locations

UNC Kittner Eye Center	2226 Nelson Highway, Chapel Hill NC 27517, Suite 200	Phone: 984-974-2020	Fax (referrals only): 919-338-5067
UNC Eye at Holly Springs	781 Avent Ferry Road, Holly Springs NC 27540, Suite 202	Phone: 984-974-4040	Fax: 984-974-4041
*UNC Park Ophthalmology	6512 Six Forks Road, Raleigh NC 27615, Suite 105	Phone: 919-846-6915	Fax: 919-846-2236
Referral Email	oph-referrals@unchealth.unc.edu		

*No Peds under 11yo at Raleigh office