



Rhode Island Hospital
A Lifespan Partner

Rhode Island Hospital
593 Eddy Street
Ambulatory Patient Center (APC) 7th Floor
Providence, RI 02903 Phone: 401-444-5509 Fax: 401-6187
<http://www.lifespan.org/rih/services/ambulatory/>

EYE CLINIC

MR#

Session Times: Monday through Friday

Patient's Name: _____	Date of Referral: _____
Address: _____	Requesting Physician: _____
DOB: _____ Sex: _____	Address: _____
SS#: _____	_____
Interpreter Required Y N Language _____	_____
Phone: _____	Phone: _____
Insurance: _____	Fax: _____

PLEASE REVIEW THE FOLLOWING GUIDELINES AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL. *Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!*

GUIDELINES:	Please follow the guideline below to facilitate patient care.
All REFERRALS:	Include pt's last PE, progress note for visit that generated referral, current med list, & pertinent labs.
The following areas can be addressed in the eye clinic:	Routine Eye Exam, Contact lens, Claucoma, Low Vision, Oculoplastics, Laser Surgery. Please send referral and instruct patient to call for an appointment at 444-5509.

Reason for Referral: _____

Signature: _____ Print Name: _____

Clinic Use Only: Date Received: _____ Coordinator Initials: _____ RN Initials: _____

Appointment Given: _____ Patient Notified: _____

Triage Comments: Emergent Urgent within (1 wk) Priority (2-4 wks) Routine 4wks or greater

Signature: _____ Print Name: _____