



# SUBSPECIALTY SERVICE REQUEST FORM

Fax this form to 1 (800) 922-4132. An authorization will be faxed to the office of the general ophthalmologist and the subspecialist within 72 hours of the receipt of the request. If you have not received the authorization within this time frame, or for any Urgent/STAT requests, or if you have any questions, please contact EMI at (305) 861-1152 or 1 (800) 329-1152.

Date of Request (mm/dd/yyyy)	Patient Last Name	Patient First Name
Patient Date of Birth (mm/dd/yyyy)	Health Plan	Patient ID
Contact Person Last Name		Contact Person First Name
Name of Surgeon Last Name		Name of Surgeon First Name
Phone		Fax (We MUST have your Fax Number)

**PHYSICIAN REFERRED TO**

Subspecialist Last Name		Subspecialist First Name	
Address			
City		State	Zip
Phone	Fax	Appointment Date & Time	

Tentative Diagnosis

Brief Case History/Reason for Referral

**Authorized Service(s) by Referring Ophthalmologist (MUST BE COMPLETED in order for authorization to be issued):**

- Evaluation ONLY
- Evaluation and Treatment

**Diagnostic Testing Approved:**

- External Photos
- Fundus Photos
- Visual Field
- Fluorescein Angiography
- ICG
- OCT for the tx of Retinal Disease
- OCT for the tx of Glaucoma
- Other:

Signature of Referring Physician

Last Name, First Name (Please Print)