



Rhode Island Hospital
A Lifespan Partner

Rhode Island Hospital
1 Hoppin Street
Coro West, Suite 200
Providence, RI 02903 Phone: 401-444-5509 Fax: 401-444-6763
<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: _____

The Ophthalmology Department at Rhode Island Hospital accepts patients with all ocular conditions.
IF YOUR REFFERAL IS URGENT, YOU MUST CALL THE CLINIC AT 444-8615 AND ASK TO SPEAK TO THE NURSE. 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. WE ALSO REQUEST THAT YOU TELL US WHO WE MAY CONTACT IN YOUR OFFICE IN CASE WE HAVE ANY QUESTIONS REGARDING THIS REFERRAL: CONTACT (Name and Phone Number): _____
The following areas can be addressed in the eye clinic:	All ocular conditions including: Routine eye exams, Contact lens, Low vision, Oculoplastics, Laser surgery, Retina disease (including diabetic eye exams), Corneal disease, Cataracts, Neuro-ophthalmology, Pediatric eye care.

Reason for Referral: _____

Signature: _____ Print Name: _____