

Asheville Associates

8 Medical Park Drive
Asheville, NC 28803
Phone: (828) 258-1586 Fax: (828) 258-6174

Referral Request Form

Thank you for choosing Asheville Eye! For the referral to be processed the following information must be filled out. **Please allow 48 hours (about 2 days) for processing.**

*** Please note if this is an Emergency and needs to be addressed same day, please call the office @ 828-210-6166**

Referring Provider and Office Name with (Fax and Phone number):

Patient Name: _____

Patient Date of Birth: _____ Sex: _____

Patient Mailing Address: _____

Phone Number: _____

Email: _____

Detailed Reason for Referral (No abbreviations):

Patient Insurance Provider:

Legal Guardian/Emergency Contact (Name and phone number):

Patient Language (Please note if patient needs interpreter):

- If you are referring from an optometrist and/or ophthalmologists office please send complete medical record for new patients. FOR ALL OTHER offices: for initial encounters, please send over the last office visit notes ONLY. If a full medical history is needed, our medical records department will send over a request.
- If referring to Dr. Wiggins for Neuro-Ophthalmology consult, please include lab results, MRI, CT Scan results, and any other pertinent information.
- For Hospitals, and Urgent Cares please obtain all patient demographic information as listed above. Please call the office if the patient needs to be worked in for an urgent appointment on the same day or within the week.