



104 Simpson Street Greenville SC 29605 · 100 Physicians Drive Greer SC 29650
Telephone (864) 269-3333 · Fax (864) 295-1288

PATIENT REFERRAL FORM FOR DR. JANETTE WHITE

To: Southern Eye Associates – Dr. White/Technician Date: _____

From: _____ (doctor name) and telephone # _____

_____ (patient name) is being referred for the following symptoms/reasons (add comments as necessary):

- Injury _____
- Failed vision screening _____
- Amblyopia _____
- Strabismus _____
- Chalazion/Hordeolum _____
- Family history of eye problems _____
- Blocked tear duct _____
- Pupil size difference/reflex _____
- Retinopathy of Prematurity _____
- Headaches _____
- Ptosis _____
- For second opinion of _____
- Other - please specify _____
- Ptosis _____

Please circle or add any other information regarding the patient.

Cerebral palsy	H/O Prematurity	Seizures
Down's Syndrom	Developmental delay	Receiving OT, PT or Speech
Babynet Assistance	Other (please specify) _____	

Time urgency of appointment: within _____ days or within _____ weeks

Patient date of birth: _____ Patient telephone #: _____