

# HORIZON EYE CENTER

Horizon Eye Center, Inc.  
*Committed to Excellence in Eye Care*

## Referral Form

Send with patient or fax to 888.727.9546

t 706.364.2020

1212 Augusta West Parkway; Suite A1

Augusta, GA 30909

(off Wheeler Road, across from Doctors Hospital)

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Date	Patient Name	Patient Phone Number
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Referring Doctor

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Reason For Referral

- |  |   |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Blurred vision</li> <li><input type="checkbox"/> Cataracts</li> <li><input type="checkbox"/> Diabetic Eye Exam</li> <li><input type="checkbox"/> Dry Eyes</li> <li><input type="checkbox"/> Eye Pain</li> <li><input type="checkbox"/> Flashes / Floaters</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Glaucoma / Suspect</li> <li><input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Red Eye</li> <li><input type="checkbox"/> Sudden Vision Loss</li> <li><input type="checkbox"/></li> </ul> |
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