



OMNI EYE SERVICES

Paul C. Ajamian, O.D., FAAO
Center Director

Douglas G. Day, M.D.
Glaucoma

James C. Hays, M.D.
*Cataract and Cornea Surgery
Refractive Surgery*

Steven I. Leff, M.D., FRCSC
Retina & Vitreous

Michael W. Hung, O.D.
Consultative Optometry

Lawrence Woodard, M.D.
*Cataract and Corneal Surgery
Anterior Segment Disease*

Referring Doctor of Optometry: _____

Name of office/location patient referred from: _____

Patient Name: _____ Age: _____

is being referred to Omni Eye Services	<input type="checkbox"/> North Atlanta	5505 Peachtree-Dunwoody Rd.
	<input type="checkbox"/> South Atlanta	1800 Phoenix Blvd.
	<input type="checkbox"/> West Paces Ferry Surgery Center	3200 Downwood Circle

on (date): _____ at (time): _____ am / pm

To see Doctor: Ajamian Day Leff Hays Woodard Hung

For evaluation of: Ant Seg Glaucoma Retina Refractive Cataract Other _____

Summary of eye findings: _____

Special tests requested: _____

- It is the patient's responsibility to verify insurance coverage prior to the day of the visit.
- Please bring your insurance information with you.
- Contact lens wearers please come with your glasses if possible.
- Bring all eye medications that you are using to your appointment.

**** SEE MAP AND DIRECTIONS TO OUR OFFICES ON REVERSE SIDE ****

Omni Atlanta North Office
5505 Peachtree-Dunwoody Rd.
Ste. 300
Atlanta, Georgia 30342
(404) 257-0814 office
(404) 843-8521 fax

Omni Atlanta South Office
1800 Phoenix Blvd
Bldg. 400, Ste. 406
Atlanta, Georgia 30349
(770) 996-6664 office
(770) 994-9030 fax

**Omni West Paces Office
Surgery Center**
3200 Downwood Circle, #200
Atlanta, Georgia 30327
(404) 351-1990 office
(404) 355-8797 fax