Vistar Eye Center®
Vision & Surgery Specialists

PROVIDER REFERRAL FORM

Urgent or Emergent requests will require a phone call to receive immediate assistance. Call 540 855-5100 and choose option 3, then option 1.

The following information is required when sending a referral to Vistar Eye Center through the fax referral line. Please include a demographic sheet or complete the following:

PATIENT INFORMATION:

Patient First and Last Name: _____

Date of Birth: _____ **Phone Number:** _____

Cell Phone: _____

Insurance and Policy Number: _____

Address: _____

_____

REFERRAL INFORMATION:

Referring Practice: _____

Provider First and Last Name: _____

Phone Number: _____ **Fax Number:** _____

Referral Reason & Diagnosis: _____

_____

_____

_____

Requested Vistar Provider or First Available _____

☐ **Please check if interpreter is needed** **Language:** _____

_____

Please fax relevant documents (office notes/imaging) to (540) 777-2719

Roanoke - 707 Roanoke - Airport Road Roanoke - Electric Road Roanoke - Franklin Road Roanoke - McVitty

Blacksburg Botetourt Children's Eye Center Danville Martinsville Salem Smith Mountain Lake Wytheville