REFERRAL INSTRUCTIONS FOR NEW PATIENTS

Thank you for your interest in Family Eye Group.

Please submit your referral and records from your previous eye doctor, your contact information and a copy of the front and back of your insurance cards to:

Family Eye Group
2110 Harrisburg Pike Suite 215
Lancaster, PA 17601
Phone 717-299-9232 Fax 717-299-6532

Your records will be reviewed and our referral team will contact you within the next several weeks to schedule an appointment or inform you that we are unable to assume your care.

If you are having vision or any other problems of any kind in the interim we recommend you contact another practice or go to the emergency room as soon as possible.
If you have not heard from our office within two weeks, please contact us or go to the emergency room as needed.

Contact for *Campus Eye Center* medical records
METALQUEST
ATTN: CECLTD RELEASE OF INFORMATION
PO BOX 46364
CINCINNATI, OHIO 45246-0364

Contact for *Eye Physicians of Lancaster* medical records:
METALQUEST
ATTN: EYEPHY RELEASE OF INFORMATION
PO BOX 46364
CINCINNATI, OHIO 45246-0364

CUSTOMER SERVICE 9:00AM-5:00 PM MONDAY-FRIDAY
PHONE: 513-898-1022
EMAIL: Retrieve@MetalQuest.com