

Date: _____

Patient Referral Form**Referred To:**

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Shareef Ahmed, M.D.,
Vitreoretinal Disease &
Surgery, <i>Dearborn &
Madison Heights</i> | <input type="checkbox"/> Christopher Chow, M.D.,
Cornea & External Diseases,
<i>Dearborn, Madison Heights
& Southfield</i> | <input type="checkbox"/> Bianca Kizy, M.D., Cataract
Surgery & Comprehensive
Ophthalmology, <i>Dearborn &
Southfield</i> | <input type="checkbox"/> Stephen Verb, M.D.,
MHSA, FACS, Glaucoma
& Cataract Surgery,
<i>Madison Heights</i> |
| <input type="checkbox"/> Felise May Barte, M.D.,
Glaucoma, Cataract Surgery
& Comprehensive
Ophthalmology, <i>Dearborn &
Southfield</i> | <input type="checkbox"/> David Ellenberg, M.D.,
Vitreoretinal Disease &
Surgery, <i>Dearborn & Livonia</i> | <input type="checkbox"/> Nate Kleinfeldt, M.D.,
Cataract & Glaucoma
Specialist, <i>Dearborn & Livonia</i> | <input type="checkbox"/> First Available |
| | <input type="checkbox"/> Mamta Kanwar, M.D.,
Glaucoma, Cataract Surgery
& Comprehensive
Ophthalmology, <i>Livonia</i> | <input type="checkbox"/> Zachary Pearce, D.O.,
Oculoplastics, <i>Dearborn &
Livonia</i> | |

Patient Information:

Name: _____ DOB: _____

Address: _____

Phone: _____ Medical Insurance: _____

Reason for Consult: Cataracts Glaucoma Diabetes Retina Cornea Oculoplastics Other _____

Patient symptoms/complaints: _____

 If cataract surgery is needed, patient wishes to co-manage: _____

Referring Physician Signature

 Please call the patient to arrange an appointment.Indicate Urgency: Urgent (< 1 week) Semi-Urgent (1-2 weeks) Next Available The appointment was scheduled for: Date: _____ Time: _____

Location: <input type="checkbox"/> Dearborn Office 24241 Michigan Avenue Dearborn, MI 48124 P: (313) 561-7255 F: (313) 561-6137	<input type="checkbox"/> Livonia Office 33400 W. Six Mile Road Livonia, MI 48152 P: (734) 421-2020 F: (734) 421-2290	<input type="checkbox"/> Madison Heights Office 301 W. 13 Mile Road Madison Heights, MI 48071 P: (248) 268-1079 F: (248) 268-3980	<input type="checkbox"/> Southfield Office 29201 Telegraph Rd., #101 Southfield, MI 48034 P: (248) 861-2020 F: (248) 861-2021
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Referred From:

Doctor Name: _____ Practice: _____

Phone: _____ Fax: _____