Clemson Eye

Patient Referral to Clemson Eye

Patient Information

Name: _____
First Middle Last

Tel: _____ Cell: _____ DOB (M/D/Y): _____

Consultation Request

To Doctor:

- ☐ Joseph L. Parisi, MD, FRCSC, FACS
- ☐ Donald P. Glaser, MD
- ☐ Brian R. Johnson, MD
- ☐ Alison S. Smith, MD
- ☐ Eric Brown, OD
- ☐ Kara Jo Dodgens, OD
- ☐ Nancy A. Mahlie, OD
- ☐ Justin Surratt, OD
- ☐ No Preference
- ☐ First Available

Location

☐ Anderson ☐Clemson ☐Easley ☐Greenville

Please evaluate this patient's problems(s) or conditions(s) as described herein:

I look forward to receiving advice regarding care of this patient and will resume general care thereafter.

Referring Doctor: _____ Tel: _____

Signature: _____ Date: _____

Please fax this form and insurance cards in advance of the patient's appointment. Thank you!

Anderson
2011 E Greenville St
Anderson, SC 29621
Phone: 864-622-5000
Fax: 864-622-5020

Clemson
931 Tiger Blvd
Clemson, SC 29631
Phone: 864-654-6706
Fax: 864-654-3275

Easley
15 Southern Center Court
Easley, SC 29642
Phone: 864-855-6800
Fax: 864-855-6850

Greenville
360 Pelham Rd
Greenville, SC 29615
Phone: 864-268-1000
LASIK: 864-297-8777
Fax: 864-292-2020