

Patient Referral to Clemson Eye

ivaille:	First	Middle	Last
Tel:	Cell:		
Consultatio			
Consultatio	☐ Joseph L. Parisi, MD, FRCSC, FACS	☐ Justin Roman, MD	☐ Justin Surratt, OD
To Doctor:	☐ Donald P. Glaser, MD	☐ Eric Brown, OD	□ No Preference
To Boston	☐ Brian R. Johnson, MD	☐ Kara Jo Dodgens, OD	☐ First Available
	☐ Alison S. Smith, MD	☐ Nancy A. Mahlie, OD	I That Available
Location	7 moon o. omiti, wb	in walley 7t. Wallie, 6b	
☐ Anderson	□Clemson	□Easley	□Greenville
Plasca avalı	uate this patient's problems(s) or co	nditions(s) as described berein	
	1 1 7	. ,	
I look forwa	rd to receiving advice regarding care	e of this patient and will resum	ne general care thereafte
Referring Doct	tor:	Fax	(:
Signature:		Date	<u> </u>
oignature:		Dali	⊏:

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

LASIK: 864-297-8777 Fax: 864-292-2020