Clemson Eye

Patient Referral to Clemson Eye

Faxed Referral Requests are processed within 5 business days. Please set this expectation with your patients.

URGENT or EMERGENT Referrals must be scheduled directly with the Referral Department to avoid delay. Please call 864-810-5430 to schedule all urgent/emergent appointments.

Patient Information

Name: _____ DOB (M/D/Y): _____

Tel: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Insurance: _____ Policy Number: _____

Secondary Insurance: _____ Policy Number: _____

Referring Doctor Information

Doctor Name: _____ Office Name: _____

Phone: _____ Fax: _____

Consultation Request

□ First Available

□ Sara Bopp, OD	□ Daniel Haas, OD	□ Joseph Parisi, MD	□ Alison Smith, MD
□ Eric Brown, OD	□ Brian Johnson, MD	□ Diviyesh Patel, OD	□ William Southerland, OD
□ Jordan Carlson, OD	⊐ Amy LaCroix, OD	□ Krishi Peddada, MD	□ Macy Sparks, OD
□ Kara Jo Dodgens, OD	⊐ Mitch Loftin, OD	□ Balaji Perumal, MD	□ Matthew Stolz, OD
□ Adam Easterling, MD	⊐ Nancy Mahlie, OD	□ Don Purcell, OD	□ Justin Surratt, OD
□ Jonathan Eide, OD	⊐ William Milford, OD	□ H. Keith Riddle, MD	□ Dilip Thomas, MD
□ Rebecca Epstein, MD	⊐ S. Jacob Montgomery, MD	□ Justin Roman, MD	□ Steve Wearden, OD
□ Don Glaser, MD	□ Mason Munn, OD	□ Kenneth Sawyer, OD	□ Marion Williams, OD

Location

□ Anderson	□ Clemson	□ Clinton	□ Easley	□ Greenville
□ Newberry	□ Powdersville	□ Seneca	□ Simpsonville	□ Williamston

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

PLEASE FAX REFERRALS TO:

REFERRAL DEPARTMENT at 864-568-3878