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

□ Sreeni Basa, MD
□ Sara Bopp, OD
□ Eric Brown, OD
□ Kara Jo Dodgens, OD
□ Adam Easterling, MD
□ Rebecca Epstein, MD
□ Sam Garrett, OD
□ Donald Glaser, MD
□ Daniel Haas, OD
□ Brian Johnson, MD
□ Amy LaCroix, OD
□ Mitch Loftin, OD
□ Nancy A. Mahlie, OD
□ Nick McLane, MD
□ William Milford, OD
□ S. Jacob Montgomery, MD
□ Mason Munn, OD
□ Joseph Parisi, MD
□ Diviyesh Patel, OD
□ Balaji Perumal, MD
□ H. Keith Riddle, MD
□ Justin Roman, MD
□ Kenneth Sawyer, OD
□ Alison Smith, MD
□ Matthew Stolz, OD
□ Justin Surratt, 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