



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 | ☐ Donald Glaser, MD | ☐ S. Jacob Montgomery, MD | ☐ Kenneth Sawyer, OD |
| ☐ Eric Brown, OD | ☐ Daniel Haas, OD | ☐ Mason Munn, OD | ☐ Alison Smith, MD |
| ☐ Jordan Carlson, OD | ☐ Brian Johnson, MD | ☐ Joseph Parisi, MD | ☐ Macy Sparks, OD |
| ☐ Kara Jo Dodgens, OD | ☐ Amy LaCroix, OD | ☐ Diviyesh Patel, OD | ☐ Matthew Stolz, OD |
| ☐ Adam Easterling, MD | ☐ Mitch Loftin, OD | ☐ Balaji Perumal, MD | ☐ Justin Surratt, OD |
| ☐ Jonathan Eide, OD | ☐ Nancy Mahlie, OD | ☐ Don Purcell, OD | ☐ Steve Wearden, OD |
| ☐ Rebecca Epstein, MD | ☐ Nick McLane, MD | ☐ H. Keith Riddle, MD | ☐ Marion Williams, OD |
| ☐ Sam Garrett, OD | ☐ William Milford, OD | ☐ Justin Roman, MD | |

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**