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
☐ Andrew Brookner, MD
☐ Eric Brown, OD
☐ Jordan Carlson, OD
☐ Kara Jo Dodgens, OD
☐ Adam Easterling, MD
☐ Jonathan Eide, OD
☐ Rebecca Epstein, MD
☐ Diego Espinosa, MD

☐ Don Glaser, MD
☐ Daniel Haas, OD
☐ Michelle Hogan, OD
☐ Brian Johnson, MD
☐ Amy LaCroix, OD
☐ Mitch Loftin, OD
☐ Tom MacMillan, OD
☐ Nancy Mahlie, OD
☐ William Milford, OD

☐ S. Jacob Montgomery, MD
☐ Mason Munn, OD
☐ Joseph Parisi, MD
☐ Diviyesh Patel, OD
☐ Krishi Peddada, MD
☐ Balaji Perumal, MD
☐ Don Purcell, OD
☐ H. Keith Riddle, MD
☐ Justin Roman, MD

☐ Alison Smith, MD
☐ William Southerland, OD
☐ Macy Sparks, OD
☐ Matthew Stolz, OD
☐ Justin Surratt, OD
☐ Dilip Thomas, MD
☐ Derek Van Veen, OD
☐ Emily Weber, 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:

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PLEASE FAX REFERRALS TO:
REFERRAL DEPARTMENT at 864-568-3878