



OPHTHALMIC SPECIALISTS OF MICHIGAN

PATIENT REFERRAL FORM

PHYSICIANS:

- Nate Kleinfeldt, M.D.**
Cataract & Glaucoma Surgery
Diabetic Eye Care
Dearborn & Livonia
- Shareef Ahmed, M.D.**
Vitreoretinal Disease & Surgery
Dearborn & Madison Heights
- David Y. Ellenberg, M.D.**
Vitreoretinal Disease & Surgery
Dearborn & Livonia
- Mahmoud El-Yassir, M.D.**
Cataract & Refractive Surgery
Comprehensive Ophthalmologist
Madison Heights
- Andrew Lofman, M.D.**
Oculoplastics
Livonia
- John Ramocki, M.D.**
Oculoplastics
Livonia
- Stephen Verb, M.D., M.H.S.A.**
Glaucoma Disease & Surgery
Dearborn, Livonia & Madison Heights

LOCATIONS:

- Dearborn Office**
(313) 561-7255
24800 Michigan Avenue
Dearborn, Michigan 48124
Fax (313) 561-6137
- Livonia Office**
(734) 421-2020
33400 W. Six Mile Road
Livonia, Michigan 48152
Fax (734) 421-2290
- Madison Heights Office**
(248) 268-1079
301 W. 13 Mile Road
Madison Heights, Michigan 48071
Fax (248) 268-1149

Date: _____

Patient's Name: _____ DOB: _____

Address: _____

Medical Insurance: _____

Phone Number: _____

THE PATIENT IS BEING REFERRED TO THE DOCTOR SELECTED FOR EVALUATION OF:

- Cataracts Glaucoma Diabetic AMD Other _____

If cataract surgery is needed, I want to co-manage: _____
Referring physician signature required

The patient will call for an appointment.

Please call patient to arrange appointment.

The appointment was scheduled for: Date: _____ Time: _____

In: Dearborn Livonia Madison Heights

PLEASE SEND A REPORT TO:

Name: _____

Address: _____

Phone Number: _____

For Office Use Only		Appointment Made:		
Attempt #1 _____	Attempt #3 _____	Date	Time	Office
Attempt #2 _____	Attempt #4 _____			