



OPHTHALMIC SPECIALISTS OF MICHIGAN

Date: _____

Patient Referral Form

Referred To:

- Shareef Ahmed, M.D.**,
Vitreoretinal Disease &
Surgery, *Dearborn*
- David Ellenberg, M.D.**,
Vitreoretinal Disease &
Surgery, *Dearborn & Livonia*
- Lauren Lim, M.D.**,
Glaucoma & Cataract
Surgery, *Dearborn & Livonia*
- Stephen Verb, M.D.**,
MHSA, FACS, Glaucoma
& Cataract Surgery,
Madison Heights
- Felise May Barte, M.D.**,
Glaucoma, Cataract Surgery
& Comprehensive
Ophthalmology, *Dearborn &
Southfield*
- Bianca Kizy, M.D.**, Cataract
Surgery & Comprehensive
Ophthalmology, *Dearborn &
Southfield*
- Zachary Pearce, D.O.**,
Oculoplastics, *Dearborn &
Livonia*
- First Available**
- Christopher Chow, M.D.**,
Cornea & External Diseases,
*Dearborn, Madison Heights
& Southfield*
- Nate Kleinfeldt, M.D.**,
Cataract & Glaucoma
Specialist, *Dearborn &
Livonia*
- Benjamin Reinherz, D.O.**,
Vitreoretinal Disease &
Surgery, *Madison Heights*

Patient Information:

Name: _____ DOB: _____

Address: _____

Phone: _____ Medical Insurance: _____

Reason for Consult:

Cataracts Glaucoma Diabetes Retina Cornea Oculoplastics Other _____

Patient symptoms/complaints: _____

If cataract surgery is needed, I want to co-manage: _____
Referring Physician Signature

Please call the patient to arrange an appointment.

Indicate Urgency: Urgent (< 1 week) Semi-Urgent (1-2 weeks) Next Available

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

- | | | | |
|--|---|--|--|
| Location: <input type="checkbox"/> Dearborn Office
24241 Michigan Avenue
Dearborn, MI 48124
P: (313) 561-7255
F: (313) 561-6137 | <input type="checkbox"/> Livonia Office
33400 W. Six Mile Road
Livonia, MI 48152
P: (734) 421-2020
F: (734) 421-2290 | <input type="checkbox"/> Madison Heights Office
301 W. 13 Mile Road
Madison Heights, MI 48071
P: (248) 268-1079
F: (248) 268-3980 | <input type="checkbox"/> Southfield Office
29201 Telegraph Rd., #101
Southfield, MI 48034
P: (248) 861-2020
F: (248) 861-2021 |
|--|---|--|--|

Referred From:

Doctor Name: _____ Practice: _____

Phone: _____ Fax: _____