



MICHIGAN EYE INSTITUTE
By Midwest Vision Partners

REFERRAL FORM

Your Consultation:

_____ has an appointment on
Patient Name

_____ at _____
Day Date Time

at our _____ office.
Location

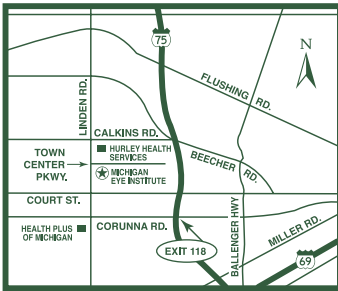
- URGENT REFERRAL REQUEST
- Gary M. Keoleian, M.D. William Rhoades, M.D.
- David K. Diskin, M.D. E. Mike Raptis, M.D.
- Jeffrey A. Diskin, M.D. Abdala Sirajeldin, M.D.
- Daniel St. Aubin, M.D.

Referred by: _____

Fax report _____

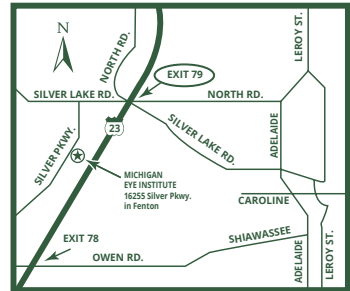
Email report _____

Reason for Referral: _____



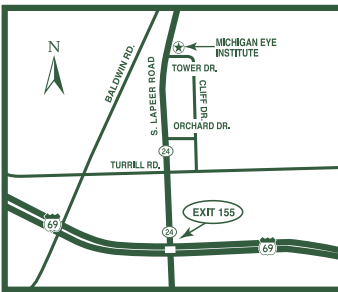
Flint

4499 Town Center Parkway
 Flint, MI 48532
 Phone: (810) 733-7111
 Fax: (810) 733-7141



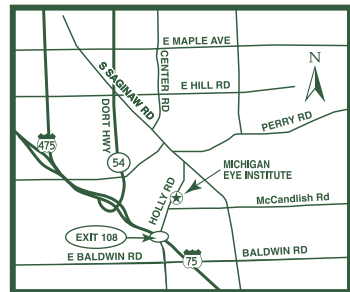
Fenton

1625 Silver Parkway
 Fenton, MI 48430
 Phone: (810) 629-7900



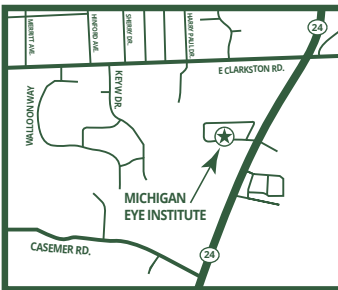
Lapeer

1005 South Lapeer Road
 Lapeer, MI 48446
 Phone: (810) 664-5458



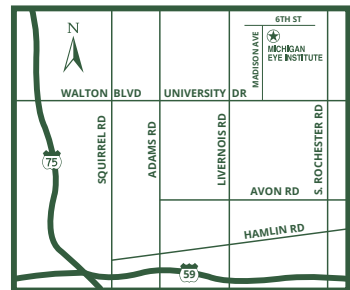
Grand Blanc

8275 Holly Road, Suite 3
 Grand Blanc, MI 48439
 Phone: (810) 694-8400



Lake Orion

1240 South Lapeer Road, Suite A
 Lake Orion, MI 48360
 Phone: (248) 236-9379



Rochester

432 W. University Drive
 Rochester, MI 48307
 Phone: (248) 651-6122