

# MICHIGAN EYE INSTITUTE

## YOUR CONSULTATION:

\_\_\_\_\_  
*(Patient Name)*

has an appointment on \_\_\_\_\_  
*(Day)*

\_\_\_\_\_ at: \_\_\_\_\_  
*(Date) (Time)*

at our \_\_\_\_\_ office.  
*(Location)*

- Gary M. Keoleian, M.D.
- David K. Diskin, M.D.
- Jeffrey A. Diskin, M.D.
- My Le Shaw, M.D.
- Donna Galang-Qahwash, D.O.

Referred by: \_\_\_\_\_

Fax report \_\_\_\_\_  
*(Fax Number)*

Email report \_\_\_\_\_  
*(Email Address)*

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FLINT**  
4499 Town Center Pkwy.  
Flint, MI 48532  
(810) 733-7111

**FENTON**  
16255 Silver Parkway  
Fenton, MI 48430  
(810) 629-7900

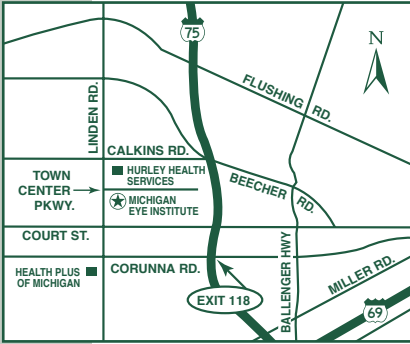
**LAPEER**  
1005 S. Lapeer Rd.  
Lapeer, MI 48446  
(810) 664-5458

**GRAND BLANC**  
8275 Holly Rd.  
Suite 3  
Grand Blanc, MI 48439  
(810) 694-8400

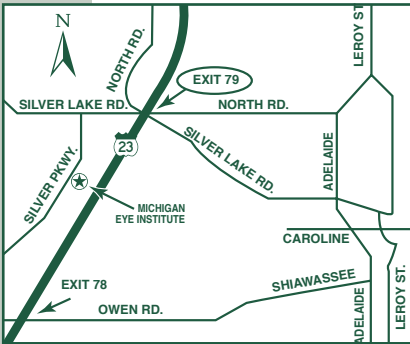
*(See maps on reverse side)*

www.mieye.com

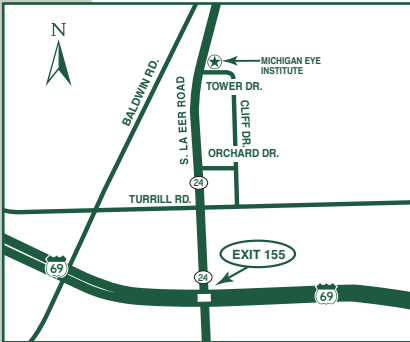




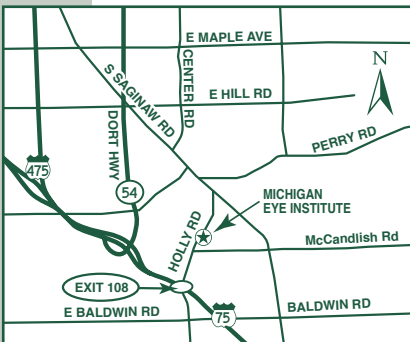
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