



MICHIGAN EYE INSTITUTE

REFERRAL FORM

Patient Name: _____

DOB: _____

Home/Cell: _____

E-Mail: _____

- Gary M. Keoleian, M.D.
- David K. Diskin, M.D.
- Jeffrey A. Diskin, M.D.
- Daniel St. Aubin, M.D.
- Lauren Keshishian, M.D.
- William Rhoades, M.D.

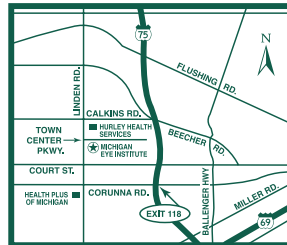
Referred By: _____

Contact Person: _____

Office Phone: _____

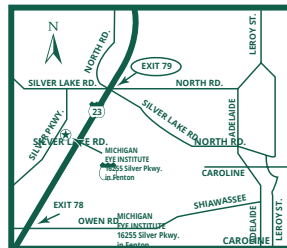
Fax Report: _____

Reason for Referral: _____



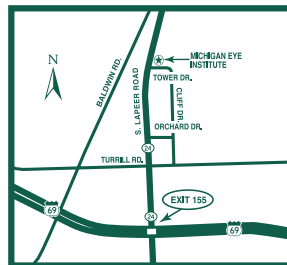
Flint

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



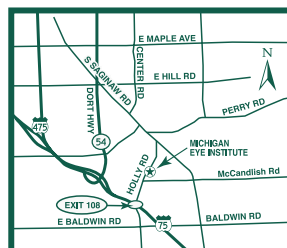
Fenton

16255 Silver Parkway
 Fenton, MI 48430
 Phone: (810) 629-7900



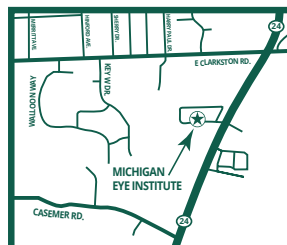
Lapeer

1005 South Lapeer Road
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Grand Blanc

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