



**Verdier
Eye
Center**

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VerdierEyeCenter.com

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Kyle B. McKey, M.D.
Roman I. Krivochenitser, M.D.

Troy L. Fox, O.D., F.A.A.O.
Brittany A. Darnley, O.D.
Jordan L. Marentette, O.D., F.A.A.O.

PATIENT REFERRAL

We look forward to working with you to help address your patient's eye health needs.

If you're experiencing a medical emergency, please call 911.

Verdier Eye Center is a referral-based practice. Together, we can deliver exceptional patient care.

To refer a patient, please complete the online referral form below.

Please note, all fields (except email address) are required to submit.

REFERRING PHYSICIAN INFORMATION:

Doctor Name (First and Last Name): _____

Practice Name: _____

Practice Address: _____ City: _____ State: _____ Zip: _____

Practice Phone: _____ Practice Fax: _____

Practice Email: _____

PATIENT INFORMATION:

Patient Name (First and Last Name): _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Patient Date of Birth: _____ Patient Gender: _____ Patient Contact Phone: _____

Patient Contact Email: _____

Referring to: David D. Verdier, M.D. Karl J. Siebert, M.D. Ann M. Renucci, M.D. Kyle B. McKey, M.D. Roman I. Krivochenitser, M.D.
 Troy L. Fox, O.D. Brittany A. Darnley, O.D. Jordan L. Marentette, O.D.

Appointment for: Cataracts Glaucoma Corneal Diseases Corneal Transplantation
 Specialty/Therapeutic Contact Lens care Other: _____

Appointment status: Urgent Routine Second Opinion

***In addition to this form, please fax: patient referral, chart notes and testing**

Person filling out form (First and Last Name): _____

Phone: _____ Fax: _____ Email: _____