



**Verdier  
Eye  
Center**

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[VerdierEyeCenter.com](http://VerdierEyeCenter.com)

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Derek M. Phelps, O.D.  
Brittany A. Darnley, O.D.

## 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.

Derek M. Phelps O.D.  Troy L. Fox, O.D.  Brittany A. Darnley, 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: \_\_\_\_\_