



Faxed Referral Requests are processed within 5 business days. Please set this expectation with your patients.

URGENT or EMERGENT Referrals must be scheduled directly with the Referral Department to avoid delay.
Please call 843-625-6437 to schedule all urgent/emergent appointments.

Patient Information

Name: _____ DOB (M/D/Y): _____

Tel: _____ Cell: _____

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

Primary Insurance: _____ Policy Number: _____

Secondary Insurance: _____ Policy Number: _____

Referring Doctor Information

Doctor Name: _____ Office Name: _____

Phone: _____ Fax: _____

Consultation Request

- ☐ First Available
- ☐ Howard N. Greene, MD

☐ Carol Ann Ling, MD

☐ Samuel E. Seltzer, MD

☐ Vivek P. Vasuki, MD
- ☐ Tomasz Wiraszka, MD

☐ Troy Alexander, OD

☐ Chad Carlsson, OD

☐ Jeff Geer, OD
- ☐ David S. Johnson, OD

☐ Jason Lee, OD

☐ Steve McPhail, OD

☐ Tracy Ray, OD
- ☐ Mark H. Vinson, OD

☐ Christy Wallace, OD

Location

- ☐ Bennettsville

☐ Dillon
- ☐ Florence

☐ Hartsville
- ☐ Loris

☐ Marion
- ☐ Sumter

Please evaluate this patient's problems(s) or conditions(s) as described herein:

PLEASE FAX REFERRALS TO:
REFERRAL DEPARTMENT at 843-913-8380