Carolinas Centers for Sight

Patient Referral to Carolinas Centers for Sight

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

<u>URGENT or EMERGENT</u> 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	Tomasz Wiraszka, MD	David S. Johnson, OD	Mark H. Vinson, OD
Carol Ann Ling, MD	Troy Alexander, OD	Jason Lee, OD	Christy Wallace, OD
Samuel E. Seltzer, MD	Chad Carlsson, OD	Steve McPhail, OD	
Vivek P. Vasuki, MD	Jeff Geer, OD	Tracy Ray, OD	

Location

Bennettsvile	Florence	Loris	Sumter
Dillon	Hartsville	Marion	

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

_____

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