



Vitreo-Retinal Associates

Blue Sky VISION Partner

REFERRAL FORM

PATIENT INFORMATION											
Today's Date				Patient DOB							
Patient Name				Patient Phone							
Patient Address											
City			State				Zip				
Primary Insurance											
Secondary Insurance											
REFERRING PHYSICIAN INFORMATION											
Referring Physician Name											
Referring Physician Phone					Referring Physician Fax						
Referring Physician Address											
City			State				Zip				
SCHEDULING INFORMATION											
Urgency of Appointment (please check one)		Urgent: _____									
		Routine: _____									
Reason for Referral											
Please Check One		Patient will call to schedule appointment									
		Please call patient to schedule appointment									
		Appointment scheduled, see information below									
****PLEASE INCLUDE EXAM NOTES WITH REFERRALS****											
APPOINTMENT INFORMATION											
VRA Physician (please check one)		Kathleen U. DeHorn, MD									
		Frank W. Garber, MD									
		Louis C. Glazer, MD									
		Jeffrey D. Zheutlin, MD									
		Renee L. Lobert, OD									
VRA Location (please check one)		VRA Grand Rapids 2505 E Paris Ave SE, Suite 100, Grand Rapids, MI 49546 P: 616.285.1200 F: 616.940.0864									
		VRA Kalamazoo 1080 North 10 th St, Suite 100, Kalamazoo, MI 49009 P: 269.353.9700 F: 269.353.8534									
		VRA Muskegon 3102 Glade St, Muskegon, MI 494444 P: 231.830.1200 F: 231.737.9008									
Day of Week (please check one)		Mon		Tues		Wed		Thurs		Fri	
Date of Appointment				Time of Appointment				AM / PM			