



# MICHIGAN EYE INSTITUTE

## YOUR CONSULTATION:

\_\_\_\_\_  
*(Patient Name)*

has an appointment on \_\_\_\_\_  
*(Day)*

\_\_\_\_\_ at: \_\_\_\_\_  
*(Date) (Time)*

at our \_\_\_\_\_ office.  
*(Location)*

Gary M. Keoleian, M.D.

David K. Diskin, M.D.

Jeffrey A. Diskin, M.D.

Referred by: \_\_\_\_\_

Fax report \_\_\_\_\_  
*(Fax Number)*

Email report \_\_\_\_\_  
*(Email Address)*

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FLINT

4499 Town Center Pkwy.  
Flint, MI 48532  
(810) 733-7111

### FENTON

102 N. Adelaide  
Fenton, MI 48430  
(810) 629-7900

### LAPEER

1005 S. Lapeer Rd.  
Lapeer, MI 48446  
(810) 664-5458

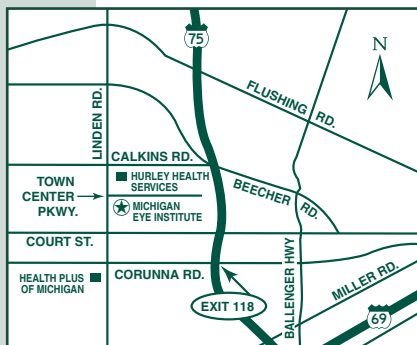
### GRAND BLANC

414 Perry Road  
Grand Blanc, MI 48439  
(810) 694-8400

*(See maps on reverse side)*

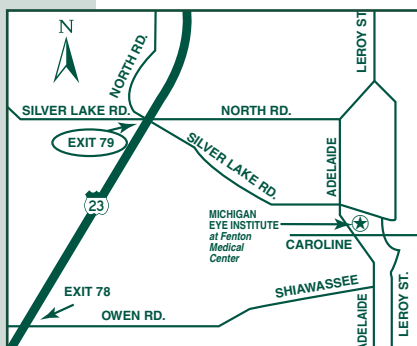
www.mieye.com





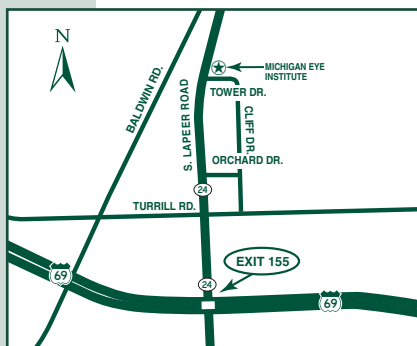
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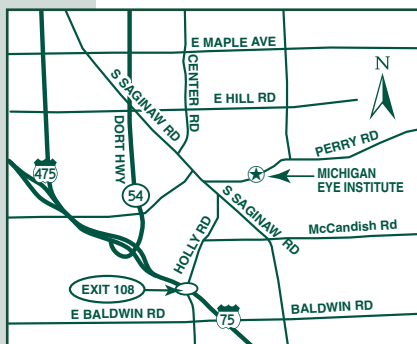
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