



Referral Form

Mishawaka

230 E Day Rd, #100
Mishawaka, IN 46545
Ph: (574) 271-3939
Fx: (574) 271-3941

South Bend

319 N Niles Ave, #100
South Bend, IN 46617
Ph: (574) 282-2020
Fx: (574) 288-2020

Elkhart

2216 Cassopolis St
Elkhart, IN 46514
Ph: (574) 266-2111
Fx: (574) 266-0555

Plymouth

320 Meadow Ln
Plymouth, IN 46563
Ph: (574) 935-4480
Fx: (574) 941-2040

Goshen

1747 Stafford Ct
Goshen, IN 46526
Ph: (574) 533-0100
Fx: (574) 534-8088

Referring Doctor Information

Doctor's Name: _____

Office Ph: _____

Referral Date: _____

Office Fax: _____

Patient Information

Name: _____

Phone: _____

Date of Birth: _____

Appointment InformationAppointment Status

Michiana Eye Center to call patient to schedule appointment

Referring Doctor has or will schedule appointment

Appointment date: _____

Location

Mishawaka

South Bend

Elkhart

Plymouth

Goshen

Appointment ReasonEvaluation

Cataract

Dry Eye/ Lipiflow*

Glaucoma

Low Vision (South Bend only)

Medical Retina

Oculoplastic

Diabetic

Other _____

*No CL or drops 2hrs prior, no gel 12hrs prior

Doctor Requested**Ophthalmology**

Kevin R. Baxter, D.O.

Laura A. Cavadini, D.O.

Molly M. Walsh, M.D.

Optometry

Kevin A. Danahey, O.D.

Pamela M. Wise, O.D.

Shannan E. Brown, O.D.

Andrew R. Anderson, O.D.

Lauren Sanchez, O.D.

Stephanie M. Baxter, O.D.

David P. Sonnenburg, O.D.

Timothy H. Blankenbeker, O.D.

Hasan A. Salam, O.D.

Ancillary Testing

Coreneal Topography

Fundus Photography

Pachymetry

Meibomian Gland Imaging
(Mishawaka only)

OCT Nerve

OCT Retina

Visual Field

Diagnosis Code: _____

Referring Physician's Signature: _____

Please fax this form to the preferred location. Location fax numbers are listed at the top of this page.