



**University of Michigan  
Kellogg Eye Center**

**Ann Arbor**

734.763.1415  
1000 Wall Street  
Ann Arbor, MI 48105

**Ann Arbor — Briarwood**

734.647.9000, Fax: 734.647.9009  
325 Briarwood Circle, Building 5  
Ann Arbor, MI 48108

**Brighton**

810.227.2357, Fax: 810.227.0840  
5728 Whitmore Lake Road  
Brighton, MI 48116

**Canton**

734.844.5400, Fax: 734.844.7797  
U-M Canton Health Center  
1051 North Canton Center Road  
Canton, MI 48187

**Chelsea**

734.475.1321, Fax: 734.433.3151  
U-M Chelsea Health Center  
14700 East Old US Highway 12  
Chelsea, MI 48118

**Livonia**

734.432.7811, Fax: 734.432.7822  
U-M Center for Specialty Care  
19900 Haggerty Road, Suite 111  
Livonia, MI 48152

**Milford**

248.684.7337, Fax: 248.684.1286  
320 West Commerce  
Milford, MI 48381

**West Bloomfield**

248.855.2071, Fax: 248.626.5028  
5829 Maple Road, Suite 129  
West Bloomfield, MI 48322

**Ypsilanti**

734.615.0788, Fax: 734.547.1000  
River Place Offices Building  
1974 North Huron River Drive, Suite 100  
Ypsilanti, MI 48197

**M-LINE 800.962.3555**

If you have an emergency, please call 734.936.6267 and ask for the ophthalmologist on call. You also may send your patients directly to the University of Michigan Health System Emergency Room

**More forms available at:**

[www.kellogg.umich.edu/refer.pdf](http://www.kellogg.umich.edu/refer.pdf)

**Maps available at**

[www.kellogg.umich.edu](http://www.kellogg.umich.edu)

**COMPREHENSIVE OPHTHALMOLOGY**

- **Ann Arbor** — 734.764.4190
  - Jill E. Bixler, M.D.
  - Paul J. Grenier, O.D.
  - Ariane D. Kaplan, M.D.
  - Donald G. Puro, M.D., Ph.D.
  - Michael W. Smith-Wheelock, M.D.
  - Joshua P. Vrabc, M.D.

- **Ann Arbor — Briarwood**
  - Hilary M. Grabe, M.D.
  - Rebecca A. Wu, M.D.

- **Brighton**
  - Donald S. Beser, M.D., FACS
  - Adrienne L. West, M.D.

- **Canton**
  - Jerome I. Finkelstein, M.D., FACS
  - Ariane D. Kaplan, M.D.

- **Chelsea**
  - Christopher T. Hood, M.D.

- **Livonia**
  - Elizabeth Du, M.D.
  - Susan S. Thoms, M.D.

- **Milford**
  - Theresa M. Cooney, M.D.
  - Joshua P. Vrabc, M.D.

- **West Bloomfield**
  - Donald S. Beser, M.D., FACS

- **Ypsilanti**
  - James L. Adams, M.D.
  - Harjeet Kaur, M.D., FRCS(I)

**CONTACT LENS, LOW VISION, AND VISUAL REHABILITATION**

- **Ann Arbor** — 734.764.5106
  - Sherry H. Day, O.D.
  - Karen S. DeLoss, O.D.
  - Amy L. Lagina, O.D.
  - Helios T. Leung, Ph.D., O.D., FFAO
  - Karen Murphy, O.T.R.
  - Bradley W. Taylor, O.D., M.P.H.
  - Donna M. Wicker, O.D., FFAO

- **Brighton**
  - Bradley W. Taylor, O.D., M.P.H.

- **Canton**
  - Paul J. Grenier, O.D.
  - Helios T. Leung, Ph.D., O.D., FFAO

- **Livonia and Milford**
  - Michael J. Lipson, O.D., FFAO

- **Ypsilanti**
  - Diane M. Jacobi, O.D.

**CORNEA AND EXTERNAL DISEASE, CATARACT AND REFRACTIVE SURGERY**

- **Ann Arbor** — 734.764.5106
  - Christopher T. Hood, M.D.
  - Shahzad I. Mian, M.D.
  - Roni M. Shtein, M.D.
  - H. Kaz Soong, M.D.
  - Alan Sugar, M.D.
  - Maria A. Woodward, M.D.

- **Brighton and Canton**
  - Shahzad I. Mian, M.D.

- **Chelsea**
  - Christopher T. Hood, M.D.

- **Milford**
  - Theresa M. Cooney, M.D.

**EYE PLASTIC, ORBITAL AND FACIAL COSMETIC SURGERY**

- **Ann Arbor** — 734.764.5106
  - Raymond S. Douglas, M.D., Ph.D.
  - Victor M. Elner, M.D., Ph.D.
  - Alon Kahana, M.D., Ph.D.
  - Christine C. Nelson, M.D., FACS
  - Terry J. Smith, M.D.

- **Ypsilanti**
  - James L. Adams, M.D.

**GLAUCOMA, CATARACT, AND ANTERIOR SEGMENT DISEASE**

- **Ann Arbor** — 734.763.5874
  - Denise A. John, M.D.
  - Paul P. Lee, M.D., J.D.
  - Paul R. Lichter, M.D., FACS
  - Sayoko E. Moroi, M.D., Ph.D.
  - Joshua D. Stein, M.D., M.S.
  - Tiffany N. Szymarek, M.D.
  - Jennifer S. Weizer, M.D.

**NEURO-OPHTHALMOLOGY**

- **Ann Arbor** — 734.764.5106
  - Wayne T. Cornblath, M.D.
  - Hilary M. Grabe, M.D.
- **Ann Arbor, U-M Hospitals** — 734.763.5114
  - Jonathan D. Trobe, M.D.

**ORBITAL AND OCULAR ONCOLOGY**

- **Ann Arbor** — 734.660.6331
  - Hakan Demirci, M.D.

**PEDIATRIC OPHTHALMOLOGY AND ADULT STRABISMUS**

- **Ann Arbor** — 734.764.7558
  - Steven M. Archer, M.D.
  - Monte A. Del Monte, M.D.
  - Courtney A. Dewey, O.D.
  - Carlton J. Foster, O.D.
  - Christopher Gappy, M.D.
  - Jennifer A. Kozak, M.D.
  - Sudha Nallasamy, M.D.

- **Brighton**
  - Christopher Gappy, M.D.

- **Canton**
  - Steven M. Archer, M.D.
  - Courtney A. Dewey, O.D.
  - Sudha Nallasamy, M.D.

- **Ypsilanti**
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  - Gary S. Sandall, M.D., FACS

**RETINA AND UVEITIS**

- **Ann Arbor** — 734.763.5874
  - Grant M. Comer, M.D.
  - Susan G. Elner, M.D.
  - Thomas W. Gardner, M.D., M.S.
  - John R. Heckenlively, M.D.
  - K. Thiran Jayasundera, M.D., FRCS
  - Mark W. Johnson, M.D.
  - Stephen J. Saxe, M.D., FACS
  - David N. Zacks, M.D., Ph.D.

- **Brighton**
  - Grant M. Comer, M.D.

**THYROID EYE DISEASE CLINIC**

- **Ann Arbor** — 734.764.5106
  - Raymond S. Douglas, M.D., Ph.D.
  - Victor M. Elner, M.D., Ph.D.
  - Alon Kahana, M.D., Ph.D.
  - Christine C. Nelson, M.D., FACS
  - Terry J. Smith, M.D.



# Outpatient Consult Request

Questions? Contact M-LINE at 800.962.3555  
 Fax completed form directly to the clinic fax number provided or to M-LINE at 734.615.5886

<b>To</b>	Referred to: _____ (Specialty Clinic or Service) Physician Name / Location _____ (Optional)	
<b>From</b>	Referring Physician: _____ Office Name: _____ (Please Print) Office Contact: _____ Phone#: (____) _____ Fax#: (____) _____ E-Mail Address: _____	
<b>PCP</b> (If different from Referring)	Physician Name: _____ Office Name: _____ (Please Print) Office Contact: _____ Phone#: (____) _____ Fax#: (____) _____ E-Mail Address: _____	
<b>Patient Information</b>	Name: Last _____ First _____ (Please Print) (Please Print) UMHS Registration # (if available): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F DOB: _____ Telephone: Home (____) _____ Work: (____) _____ Other: (____) _____ Address: _____ City: _____ State: _____ Zip: _____	
<b>Other Contact Information</b> (if applicable)	Mother's Name: _____ Father's Name: _____ Other (please explain): _____ Telephone: Home(____) _____ Work: (____) _____ Other: (____) _____	
<b>Insurance Information</b>	Insurance: _____ <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Traditional <input type="checkbox"/> Medicare <input type="checkbox"/> None Medicaid: <input type="checkbox"/> HMO <input type="checkbox"/> Other Medicaid Insurance Plan: _____ Auto Accident? <input type="checkbox"/> Y <input type="checkbox"/> N Date of Injury _____ Work Comp? <input type="checkbox"/> Y <input type="checkbox"/> N Date of Injury _____	
<b>Diagnosis and Reason for Consult or Therapy</b>	<b>UMHS Consult Request Guidelines</b> <a href="http://www.med.umich.edu/umconsults">www.med.umich.edu/umconsults</a>	Appointment Requested: <input type="checkbox"/> Next Available <input type="checkbox"/> Within 2 weeks <input type="checkbox"/> Within 1 week <input type="checkbox"/> Other _____ Second Opinion? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Requesting Physician</b>	<b>Physician Signature:</b> (Required for PT and diagnostic tests only) _____ (Signature) (Date)	