

THE ANIMAL OPHTHALMOLOGY CENTER

1300 W. Grand River Avenue/M-43 Williamston, MI 48895**
Phone: 517-655-2777 ♦ FAX: 517-655-2723 TOLL FREE: 877-655-6446

REFERRING VETERINARIAN:**DATE OF APPOINTMENT:** _____Name: Dr. _____ Check if any of this data is new since your last referral: ☐

Practice Name: _____

Address: _____
Street City State Zip Code☐ Phone: _____ ☐ Fax: _____ ☐ E-mail: _____**Please indicate if your clinic can or cannot measure intraocular pressures:****OWNER:**

Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Cell Phone: _____ Email: _____

PATIENT:

Name: _____ Species: _____ Breed: _____

Sex: _____ Date of Birth: _____ Color(s): _____

Reason for Referral/Provisional Diagnosis: _____

*History: _____

*Ophthalmic Findings: _____

*Physical Examination Findings: _____

*Current Treatment/Medication(s): _____

Please attach photocopies of supporting laboratory data:

Signature of Referring Veterinarian****ACTUAL ADDRESS:**

1300 West Grand River Avenue/M-43

Williamston, MI 48895

www.eye-vet.com | animaleyes1@gmail.com****GPS ADDRESS:**

101 Church Hill Downs Blvd

Williamston, MI 48895

GPS address works better than our actual address, but may not be 100% reliable. **PLEASE CHECK YOUR GPS RESULTS AGAINST OUR WEBSITE'S WRITTEN DIRECTIONS TO ENSURE ACCURACY. DO NOT RELY ON GPS ALONE!!