NuEyes
low vision solutions

2595 Tampa Rd., Suite R
Palm Harbor, FL 34684

Lighthouse for the Visually Impaired and Blind
9130 Ridge Road
New Port Richey, FL 34654

P: 727-463-2579 F: 727-934-4409

VISION REHABILITATION SERVICES

Patient Referral Form

To the Medical Provider: Please complete this and return to us via fax or mail. Additionally, please provide clinic notes from the past two visits and most recent visual field if available. Thank you!

Date: _____

PATIENT INFORMATION

Patient Name: _____

Address: _____

_____

Telephone:_____

Patient's Date of Birth:_____

REFERRAL SOURCE INFORMATION

Referral Source: _____
(MD / DO / OD / PhD / OT / PT)

Address: _____

_____

Telephone: _____

Office Fax: _____

If patient is a minor name of responsible person and how related: _____

Reason for Referral: _____

_____

- Provider's office has made the appointment with the NuEyes Low Vision Solutions and the appointment date is**:**
  _____
- NuEyes Low Vision Solutions should call the patient to make the appointment
- The patient will contact NuEyes Low Vision Solutions

Additional notes if needed:

_____
Referral Signature