THE LOW VISION CENTERS OF NORTH CAROLINA

www.lowvisionnc.com

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VIP Low Vision Consultation Request

Fax this form to: 910-256-6617

Date: _____

Patient Full Name: _____

Patient Phone Number: _____ Patient Date of Birth: _____

Patient Address: _____

Last Eye Exam Date: _____

- ☐ Macular Degeneration
- ☐ Stargardtr Disease
- ☐ Diabetic Retinopathy
- ☐ Glaucoma
- ☐ Optic Atrophy
- ☐ Albinism
- ☐ Stroke
- ☐ Other: _____

Best Corrected Distance Visual Acuity:		
OD	OS	OU

Other Information, if any:

Referring Provider:

Thank you for your kind referral, we look forward to working with you and your patient.

The Low Vision Centers of North Carolina is a division of the Paul Vision Institute with offices in Asheville, Wilmington, and Charlotte