

Locations:

- Asheville
- Charlotte
- Wilmington



www.lowvisionnc.com

**Fax this form to
910-338-0783**

LOW VISION CONSULTATION REQUEST

Date: _____

Patient Full Name: _____

Patient Phone Number: _____ **Patient Date of Birth:** _____

Patient Address: _____

Last Eye Exam Date: _____

Macular Degeneration

Optic Atrophy

Stargardt Disease

Albinism

Diabetic Retinopathy

Stroke

Glaucoma

Other _____

Best Corrected Distance Visual Acuity:

OD	OS	OU

Patient Rx:

OD	add
OS	add

Other information, if any:

Referring Provider: _____ **Phone:** _____

Clinic Name: _____ **Fax:** _____

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

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