

Locations:

- Asheville Wilmington
- Charlotte Durham



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

www.lowvisionnc.com

LOW VISION CONSULTATION REQUEST

Date: _____

Patient Full Name: _____

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

Patient Address: _____

Last Eye Exam Date: _____

- | | |
|---|--|
| <input type="checkbox"/> Macular Degeneration
<input type="checkbox"/> Stargardt Disease
<input type="checkbox"/> Diabetic Retinopathy
<input type="checkbox"/> Glaucoma | <input type="checkbox"/> Optic Atrophy
<input type="checkbox"/> Albinism
<input type="checkbox"/> Stroke
<input type="checkbox"/> Other _____ |
|---|--|

Best Corrected Distance Visual Acuity:

OD	OS	OU
Patient Rx:		
		add
		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, Charlotte, and Durham

Edward Paul, OD, PhD, FIALVS Casey Krug, OD, FAAO Alexandra Robertson, OD Pankti Patel, OD