

# LOW VISION STRATEGIES

IN HOME HELP FOR LOW VISION NEEDS

Phone: 405-255-2579

Fax: 855-538-7896

**Patient contact:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Visual Diagnosis:** \_\_\_\_\_ **Visual Acuity (best corrected):** \_\_\_\_\_

\_\_\_\_\_ **OD:** \_\_\_\_\_

\_\_\_\_\_ **OS:** \_\_\_\_\_

\_\_\_\_\_ **Visual Fields:** \_\_\_\_\_

\_\_\_\_\_ **OD:** \_\_\_\_\_

\_\_\_\_\_ **OS:** \_\_\_\_\_

\_\_\_\_\_

**Please send Low Vision Strategies:**

- Demographics
- Insurance Card(s)
- Last Eye Exam
- All applicable documents relating to Low Vision

**Order for:**

- Low Vision Occupational Therapy Evaluate and Treat
- Diabetic Education

**Note(s):**

**Physician Signature:** \_\_\_\_\_ **Referral Date:** \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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