

New England Low Vision *and Blindness*

Providing visual independence through technology, training, and care.

Retirement Community Request Form

We have a Resident interested in learning more.

Resident's Name: _____

Retirement Community Name: _____

Your Name: _____

Your Phone Number: _____

Your Email Address: _____

Resident's Eye Doctor (if known): _____

We are interested in learning more.

Your Name: _____

Retirement Community Name: _____

Your Phone Number: _____

Your Email Address: _____

Please Send to Secure Fax: 844.364.2649

A representative from New England Low Vision and Blindness will contact you to set up a convenient time to further discuss. Thank you for your continued trust in us for all your low vision and blindness technology and training needs.

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