

# New England Low Vision *and Blindness*

*Bringing Hope Through Technology, Training & Care.*

## Patient Referral Form

### **Patient Referral Guidelines:**

- (1) 20/100 to 20/800 in their better eye
- (2) Needs a 5X (or stronger) magnifier to function
- (3) Unable to drive due to visual limitations

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

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

Alternate Contact Details: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

### **Helpful information**

Eye Condition: \_\_\_\_\_

Visual Acuity: OD 20/\_\_\_\_\_ OS 20/\_\_\_\_\_

Is your patient a U.S. Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

***Please Send to Secure Fax: 844.364.2649***

A representative from New England Low Vision and Blindness will contact your patient and keep you informed. Thank you for your continued trust in us for all your low vision and blindness technology and training needs.

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799 West Boylston Street, Suite 140 • Worcester, MA 01606  
1077 Bridgeport Avenue, Suite 103 • Shelton, CT 06484  
Phone: 888-211-6933 • Secure Fax: 844.364.2649  
www.NELowVision.com • info@NELowVision.com

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*Providing visual independence through technology, training, and care.*

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