Doctor Referral Form for Vision Rehabilitation Services

To the doctor: Please complete, and fax with recent chart notes to the appropriate center (see list on right side).

1-800-272-4553
BrailleInstitute.org

Patient's First Name ______________________ **Patient's Last Name** ______________________

Address ______________________ **City** ______________________ **Zip** __________

Date of Birth _____ / _____ / _______ **Gender** Male Female

Email Address ______________________

Home Phone ______________________ **Cell Phone** ______________________

	OD	OS
Corrected Distance Acuity		
Corrected Near Acuity		
Current Prescription		
Near Add		
IOL	Yes No	Yes No
Is visual field reduced to 20" or less?	Yes No	Yes No

Diagnosis ______________________ **Date of Last Exam** ______________________

Occupational Therapy evaluation and treatment

I certify that the name above is legally blind: ☐ Yes ☐ No

Note: Both visually impaired and blind individuals can receive services from Braille Institute.

I recommend client usage and training as needed for optical devices by the OTR/L and/or O&M:

Additional Information: ______________________

Doctor's Name ______________________

CHECK ONE: OPHTHALMOLOGIST OPTOMETRIST PHYSICIAN

Address ______________________ **Suite #** ________ **City** ______________________ **Zip** ________

Office Phone ______________________ **Fax Number** ______________________

Group Affiliation ______________________ **Email Address** ______________________

Doctor's Signature * ______________________ **Date** ______________________

* Your typed name represents your signature on this form.

LOCATIONS

Los Angeles
741 N. Vermont Ave.
Los Angeles, CA 90029
(323) 663-1111
fax (323) 663-0241

Anaheim
527 N. Dale Ave.
Anaheim, CA 92801
(714) 821-5000
fax (714) 527-7621

San Diego
9635 Granite Ridge Dr., #130
San Diego, CA 92123
(858) 452-1111
fax (858) 452-1688

Santa Barbara
2031 De La Vina St.
Santa Barbara, CA 93105
(805) 682-6222
fax (805) 687-6141

Coachella Valley
74-245 Highway 111, #E101
Palm Desert, CA 92260
(760) 321-1111
fax (760) 321-9715

Laguna Hills
24411 Ridge Route Dr., #110
Laguna Hills, CA 92653
(949) 330-5062
fax (949) 330-5067

Riverside
6974 Brockton Ave., #100
Riverside, CA 92506
(951) 787-8800
fax (951) 344-8386