



1-800-BRAILLE (272-4553)
www.brailleinstitute.com

LOW VISION REHABILITATION SERVICES
Patient Referral Form

To the Doctor: Please complete this and return to your patient

Name Phone
Address City ZIP

Table with 3 columns: O.D., O.S., and a blank header. Rows include: Corrected Distance Acuity, Corrected Near Acuity, Current Prescription, Near Add, IOL (please circle one) with YES/NO options, and Is visual field reduced to 20° or less? with YES/NO options.

Diagnosis Date of last exam

Etiology Prognosis

Additional information

Name (circle one: Ophthalmologist, Optometrist, Physician) Phone Fax

Address City ZIP

Doctor's Signature Date

(see reverse side)

**TO THE PATIENT:** The purpose of your first visit is to assist you in the selection of magnifiers and other devices to improve reading and other visual tasks. Appointments take up to one hour. You may be asked to return for additional assistance or training.

You need to:

1. Make an appointment (see numbers listed below).
2. Bring this completed referral to your appointment.
3. Bring currently used magnifiers and eyeglasses.
4. Bring any unusual reading materials and hobbies.
5. Please call if you need to cancel or reschedule.

Contact the center nearest you to make an appointment or for more information on other locations in your community

**Call 1-800-BRAILLE (1-800-272-4553)**

**Los Angeles Sight Center**  
**(323) 663-1111**  
741 N. Vermont Avenue  
Los Angeles, CA 90029

**San Diego Center**  
**(858) 452-1111**  
4555 Executive Drive  
San Diego, CA 92121

**Desert Center**  
**(760) 321-1111**  
70-251 Ramon Road  
Rancho Mirage, CA 92270

**Santa Barbara Center**  
**(805) 682-6222**  
• TEMPORARY LOCATION  
506 Chapala Street  
Santa Barbara, CA 93101

**Orange County Center**  
**(714) 821-5000**  
527 N. Dale Avenue  
Anaheim, CA 92801

• PERMANENT LOCATION  
2031 De La Vina Street  
Santa Barbara, CA 93105

*New building at De La Vina will be completed in 2004*