



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

LOW VISION REHABILITATION SERVICES Patient Referral Form

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

Name	Phone	
Address	City	ZIP
Date of Birth _____ / _____ / _____	E-mail Address	

	O.D.	O.S.
Corrected Distance Acuity		
Corrected Near Acuity		
Current Prescription		
Near Add		
IOL (please circle one)	YES NO	YES NO
Is visual field reduced to 20° or less?	YES NO	YES NO

Diagnosis _____ Date of last exam _____

Etiology _____ Prognosis _____

I certify that the above named patient is legally blind

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

Additional information _____

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

Address City ZIP

Doctor's Signature E-mail Address

(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 Braille Institute 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

Braille Institute San Diego
(858) 452-1111
4555 Executive Drive
San Diego, CA 92121

Braille Institute Rancho Mirage
(760) 321-1111
70-251 Ramon Road
Rancho Mirage, CA 92270

Braille Institute Santa Barbara
(805) 682-6222
2031 De La Vina Street
Santa Barbara, CA 93105

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