

# 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is visual field reduced to 20" or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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**  
4555 Executive Dr.  
San Diego, CA 92121  
(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