



of Bowling Green

John Breiwa O.D. • John Jeskie O.D. • Joe Tucker O.D. • Laura Compton O.D.

www.visionsourcebg.com

Vision Source Referral Form

Fax to: 270-842-0485

or Online: www.visionsourcebg.com/online-referral-form/

Form with fields for Date, Referred By, Address, City, State, Zip, Phone, Fax, Patient's Name, Age, D.O.B., Parent name, Email, Address, City, State, Zip, Phone, Best time to call.

Symptoms/Conditions:

- Convergence Problems, Strabismus/Amblyopia, Refractive Error, Diplopia, Headaches/Eyestrain, Tracking Problems, Problems with Attention, Visual Perceptual problem, Post Stroke, Evaluation/Visual field, Post Trauma/ABI, Poor Handwriting, Trouble copying from board, Balance evaluation, Long term drug therapy with ocular side effects, Visual Evoked Potential, Other:

Additional Information (including if you are referring to a specific doctor):

*Vision Source will call patient to set up appointment.

**Please attach a copy of your examination/records/diagnoses/glasses Rx if applicable.

ATTENTION: PATIENT & REFERRING DOCTOR - PLEASE REVIEW THIS PARAGRAPH & AUTHORIZE BELOW:

I hereby grant permission for Vision Source to exchange information concerning my case, history, results of examination, diagnoses, treatment, etc. I also hereby give permission to have this information faxed to Vision Source so they can contact me (or my appointed representative) to schedule an evaluation.

Patient/Parent Signature Date

Doctor's Signature Date