VIRGINIA NEURO-OPTOMETRY

3721 Westerre Parkway, Suite B
Richmond, VA 23233
Phone : (804) 387-2902
Fax : (804) 509-0543

Referral Form
Virginia Neuro-Optometry

Appointments: (804) 387-2902/Fax: (804) 509-0543

Patient Information:
Name: _____ Date of Birth: _____
Phone:_____ Email: _____
Preferred method of contact: _____
Address:_____
If Applicable:
Parent or Caregiver's Name: _____Phone: _____

Referring Provider Information
Name: _____ Specialty: _____
Phone:_____ Fax: _____ Email: _____
Practice Name:_____
Address:_____

Referred for:

- ☐ Comprehensive neuro-optometric examination and rehabilitation (Oculomotor Dysfunction/VT)
- ☐ Double vision/Strabismus examination
- ☐ Functional Visual Field Loss Examination
- ☐ Visual processing examination
- ☐ Comprehensive Routine Pediatric Eye Examination
- ☐ Self-referral/other:_____

Please give pertinent patient history, reason for referral, and any medical precautions we should know about:

Please fax pertinent exam records/tests that you think are important for this patient's management along with this referral sheet to (804)-509-0543
*We will call patient when we have received this information. Patient can also call our office directly to get an appointment at 804-387-2902.