



## Patient Referral Form

- Complete and fax this form to CVI at 404-875-4568
- Please include a copy of the patient's latest eye report, if possible
- CVI will contact your patient to schedule an appointment

739 West Peachtree St. NW

• Atlanta, GA 30308

• Ph: 404.875.9011

• Fax: 404-875-4568

Accredited Member, National

Accreditation Council United

Way Agency

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient's Preferred Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Visual Acuities: Distance cc OD: \_\_\_\_\_ cc OS \_\_\_\_\_

Visual Fields (please fax field chart if available): \_\_\_\_\_

### Referred by:

Physician's name (please print): \_\_\_\_\_  
First Middle Last

Physician Practice/Location: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Referral Date: \_\_\_\_\_ Date of Office Visit: \_\_\_\_\_

### Recommended Location for Low Vision Evaluation

- |   |   |
|---|---|
| <input type="checkbox"/> CVI Main Clinic, Atlanta                       | <input type="checkbox"/> Eye Consultants of Atlanta, Cumberland |
| <input type="checkbox"/> Georgia Retina, Gainesville                    | <input type="checkbox"/> Southwest Christian Care, Union City   |
| <input type="checkbox"/> North Georgia Eye, Gainesville                 | <input type="checkbox"/> Eye Physicians & Surgeons, Decatur     |
| <input type="checkbox"/> New Rock Day Treatment Center, Covington       | <input type="checkbox"/> Hope Haven of Northeast GA, Athens     |
| <input type="checkbox"/> ViewPoint Health (Crews Center), Lawrenceville |   |