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**BINOCULAR VISION EVALUATION FAX REFERRAL FORM**

**Please send along with recent eye exam records.**

*REFERRAL CONTACT INFORMATION:*

Date \_\_\_\_\_

Referred By \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Area Code) Phone \_\_\_\_\_

*PATIENT CONTACT INFORMATION:*

Patient's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Information: Parent/Guardian/Hospital/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Area Code) Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

**Pertinent Symptoms/ History:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason(s) for Referral:**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> School/Reading Problems          | <input type="checkbox"/> Strabismus   | <input type="checkbox"/> Post Trauma/Stroke Evaluation |
| <input type="checkbox"/> Visual Discomfort/Headaches      | <input type="checkbox"/> Amblyopia    | <input type="checkbox"/> Computer Strain               |
| <input type="checkbox"/> Convergence Insufficiency/Excess | <input type="checkbox"/> Asthenopia   | <input type="checkbox"/> Dizziness/Vertigo             |
| <input type="checkbox"/> Diplopia                         | <input type="checkbox"/> Other: _____ |  |

**Results of Examination**

Eyeglass Rx OD \_\_\_\_\_ VA OD \_\_\_\_\_

OS \_\_\_\_\_ VA OS \_\_\_\_\_

Binocular Status: \_\_\_\_\_ Eye Health: \_\_\_\_\_

Other Pertinent Results of Examination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby grant permission for Bright Eyes Kids and any other practitioner involved in my care to exchange information concerning my case, history, results of examination, diagnoses, treatment, etc. I hereby give permission to have this information faxed to Bright Eyes Kids so that their office can contact me (or an appointed representative) to schedule an evaluation.

\_\_\_\_\_  
 Patient/Parent Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (Doctor)

*A copy of all test results and a report will be sent to the referring doctor.  
 Patients will return to referring doctor's office for all primary care and eyeglass prescriptions.*