



TRANSFORMING THE
LIVES OF PEOPLE WITH
SIGHT LOSS

707.523.3222
4539 Occidental Rd.
Santa Rosa, CA 95401
www.earlebaum.org

Low Vision Exam Referral Form

Earle Baum Center of the Blind
4539 Occidental Road, Santa Rosa, CA 95401
Phone: 707.523.3222

Fax: 707.230.6211

Patient:

DOB:

Home Phone:

Cell Phone:

Address:

Referred By: Dr.

Organization:

Address:

Phone:

Fax:

In order for the Low Vision Clinic to process this referral, please provide the following information:

1. Diagnosis:
2. Visual acuity:
3. Patient insurance information, including copies of insurance cards if available.
4. If the patient has an HMO and prior authorization is required, please send us a copy of the insurance authorization request.
5. Please attach the patient's most recent chart notes, visual fields, and dilation results (if available), as they are important for the patient's low vision evaluation.

Thank You!

Low Vision Clinic Staff