Stacie Van Voorst, OD, FCOVD
Kelvin Van Voorst, OD
Binocular Vision & Vision Therapy Services
Prosper Family Eyecare ◇ 110 N. Preston Rd., Ste 30 ◇ Prosper, TX 75078
Phone: 972-347-2004 ◇ FAX: **972-347-3847**

BINOCULAR VISION EVALUATION FAX REFERRAL FORM

Date

Referred By

Address

City State Zip

Area Code Phone

Patient's Name Age

Contact Information: Parent/Guardian/Hospital/Agency

Address

City State Zip

Area Code Phone Best time to call

Pertinent Symptoms/ History: _____

Reason(s) for Referral:

- ☐ Problem Reading/Diplopia
- ☐ Strabismus
- ☐ Asthenopia
- ☐ Visual Discomfort/Headaches
- ☐ Amblyopia
- ☐ Convergence Insufficiency/Excess
- ☐ Post-Concussion Vision Evaluation
- ☐ Oculomotor Dysfunction
- ☐ Other:_____

Results of Examination

Eyeglass Rx OD_____ VA OD_____
OS_____ VA OS_____

Binocular Status: _____ Ocular Health: _____

Other Pertinent Results of Examination: _____

I hereby grant permission for Prosper Family Eyecare & Vision Development Center 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 Prosper Family Eyecare & Vision Development Center so their staff can contact me (or an appointed representative) to schedule an evaluation.

Patient/Parent Signature Date Signature (Doctor)

A copy of all tests 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.