Louisville Location
3701 Hopewell Rd Ste 900
Louisville, KY 40299
(502) 398 - EYES

BOWERSOX VISION CENTER

Shelbyville Location
403 Washington St.
Shelbyville, KY 40065
(502) 647- EYES

Bowersox Vision Center Referral Form

Fax to: 502-633-7326 for Both Locations
Or Online: www.drbowersox.com/online-referral-form/

Date

Referred By

Address

City State Zip

Phone Fax

Patient's Name Age D.O.B.

Parent name (if applicable)/ Email

Address

City State Zip

Phone Best time to call

Symptoms/Conditions:

- ☐ Convergence Problems
- ☐ Strabismus/Amblyopia
- ☐ Refractive Error
- ☐ Diplopia
- ☐ Headaches/Eyestrain
- ☐ Tracking Problems
- ☐ Problems with Attention
- ☐ Visual Perceptual problem
- ☐ Post Stroke Evaluation/Visual field
- ☐ Post Trauma/ABI
- ☐ Poor Handwriting
- ☐ Trouble copying from board
- ☐ Balance evaluation
- ☐ Long term drug therapy with ocular side effects
- ☐ Visual Evoked Potential
- ☐ Other: _____

Additional Information (including if you are referring to a specific doctor): _____

_____

_____

***BVC will call patient to set up appointment.**

****Please attach a copy of your examination/records/diagnoses/glasses Rx if applicable.**

ATTENTION: PATIENT & REFERRING DOCTOR – PLEASE REVIEW THIS PARAGRAPH & AUTHORIZE BELOW:

I hereby grant permission for Bowersox Vision Center to exchange information concerning my case, history, results of examination, diagnoses, treatment, etc. I also hereby give permission to have this information faxed to Bowersox Vision Center so they can contact me (or my appointed representative) to schedule an evaluation.

Patient/Parent Signature Date

Doctor's Signature Date