



Badger Association

of the Blind and Visually Impaired, Inc.

Ophthalmology / Optometry Referral Form for Low Vision Services

Patient Information

Name: _____

Address: _____

(City) (State) (Zip Code)

Phone #: _____

Diagnosis _____

DOB: _____

Eye Doctor Information

Eye Care Doctor _____

Medicare # _____

U-Pin # _____

Additional Comments:

Signed by MD or OD _____ Date: _____

912 North Hawley Road • Milwaukee, WI 53213

414-615-0158 phone • 414-615-0167 fax • 877-258-9200 toll free • www.badgerassoc.org