

Bright Eyes Vision Clinic

Jill K. Schultz, O.D., FAAO, FCOVD, FNORA and Associates

Pediatric Vision • Binocular Vision • Visual Rehabilitation • Vision Therapy

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Locations:

**15704 90th Street NE, Ste 100
Otsego, MN 55330**

**13889 Ridgedale Drive
Minnetonka, MN 55305**

Date: _____

Patient's Name: _____

Primary Phone: _____

DOB: _____

Primary email: _____

Parent's Name: _____

Secondary phone: _____

Reason for Referral:

<input type="checkbox"/> Eye Health	<input type="checkbox"/> InfantSEE®, (6-12 months of age)	<input type="checkbox"/> Comprehensive Exam
<input type="checkbox"/> Vision Therapy Evaluation	<input type="checkbox"/> Vision Rehabilitation	<input type="checkbox"/> Other _____

FINDINGS/CONCERNS:

Please contact referring provider when appointment is scheduled

Print Clinician's Name _____ Phone #: _____

Address _____

Clinician's Signature: _____

PLEASE NOTE: Due to your patient's scheduling needs, they may be seen by any one of our qualified optometrists as we co-manage all patients.

Please fax or email this form, along with any records.