



3721 Westerre Parkway, Suite B
Richmond, VA 23233
Phone : (804) 387-2902
Fax : (804) 509-0543

Referral Form
Virginia Neuro-Optometry
Appointments: (804) 387-2902/Fax: (804) 509-0543

Referring Provider Information

Name: _____ Specialty: _____

Phone: _____ Fax: _____ Email: _____

Preferred method of contact: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Information:

Name: _____ Specialty: _____

Phone: _____ Fax: _____ Email: _____

Preferred method of contact: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Caregiver's Name: _____

Phone: _____

Who should we contact to make the appointment? _____

Please give pertinent patient history and reason for referral:

Please fax pertinent exam records/tests that you think are important for this patient's management along with this referral sheet to (804)-509-0543

*If you are an optometrist/ophthalmologist please include a copy of patients most recent eye exam records including ocular health, present glasses/contact lens prescriptions, and any binocular vision or oculomotor findings and treatment options you have tried with this patient.

*We will call patient when we have received this information. Patient can also call our office directly to get an appointment at 804-387-2902.