VIVID VISIONS OPTOMETRY, INC

27201 Tourney Rd. Suite 100
Valencia, CA 91355
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www.vividvisionsoptometry.com
Dr. David Antonyan, O.D. President

REFERRAL REQUEST

Patient Name	Date of Birth	Phone	Date of Referral

REFERRING DOCTOR INFORMATION

Practice Name	Doctor Name	Phone	Fax

Address

Vivid Visions Optometry, Inc is an independent optometry corporation, located on 27201 Tourney Rd. Suite 100, Valencia, CA 91355 inside the Valencia Executive Plaza.

Vivid Visions Optometry, Inc offers comprehensive eye exams, contact lens exams, custom contact lens fittings, ocular health evaluations, comprehensive binocular vision evaluations, prescription prism fittings, and sports vision evaluations. Vivid Visions Optometry, Inc also offers evaluations, management, and treatments for sight-threatening ocular diseases, ocular misalignments, headaches, migraines, concussions, traumatic brain injury, and reading and learning dysfunctions.

NEEDS TO BE SEEN	SERVICE REQUESTED	
☐ emergency ☐ urgent ☐ next available	☐ evaluation ☐ management ☐ surgical co-management ☐ contact lens fitting ☐ treatment ☐ therapy	_____ _____ _____ _____ _____ _____ _____

REASON FOR REFERRAL

VISUAL SYMPTOMS	*OCULAR SYMPTOMS*	*GENERAL SYMPTOMS*	*READING OR LEARNING DIFFICULTIES*	*PERSONAL / FAMILY HISTORY*	*HIGH-RISK MEDICATION USE*	*UNUSUAL BEHAVIORS*	*LIFE EVENTS*
☐ double vision ☐ blurry vision ☐ loss of vision ☐ unstable vision ☐ colorful lights ☐ flashing of lights ☐ floaters	☐ redness ☐ pain ☐ irritation ☐ tiredness ☐ soreness ☐ heaviness ☐ burning ☐ itchiness ☐ tearing	☐ migraines or headaches ☐ motion sickness ☐ sleepiness or tiredness ☐ poor motor skills or clumsiness ☐ no interest in playing or watching sports ☐ difficulty with enjoying 3D movies ☐ anxiety or frustration ☐ vertigo	☐ difficulty remembering what is read ☐ poor reading comprehension ☐ dislike for reading ☐ skipping lines ☐ losing place ☐ using a finger as a guide ☐ words move on the page ☐ poor spelling skills ☐ poor copying skills	☐ diabetes ☐ high blood pressure ☐ high cholesterol ☐ thyroid disease ☐ glaucoma ☐ macular degeneration ☐ retinal detachment ☐ keratoconus ☐ lazy eye / eye turn	☐ tamoxifen ☐ bisphosphonates ☐ cyclosporine / tacrolimus ☐ hydroxychloroquine ☐ ethambutol ☐ topiramate ☐ tamsulosin ☐ amiodarone ☐ erectyle dysfunction medications	☐ squinting ☐ one eye turns inward or outward ☐ tilted or turned head in pictures ☐ needing to hold a reading material too close or too far	☐ traumatic brain injury ☐ sports related injury ☐ concussion ☐ domestic abuse ☐ automobile accident

REFERRAL INSTRUCTIONS

1. Please complete the referral form for the patient.
2. Fax the referral form to ***(661) 295 - 5193*** *or email to* ***vividvisionsoptometry@gmail.com***.
3. Please include a copy of patient's last examination.

REQUESTED CORRESPONDENCE

☐ call after the appointment
☐ email results
☐ fax results