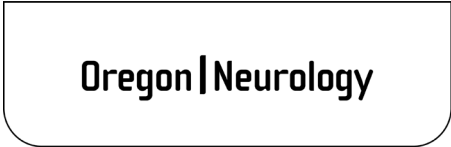


David A. Clark, D.O.
1 Hayden Bridge Way
Springfield, OR 97477

Phone: 541.868.9430
Fax: 541.868.9450
www.oregonneurology.com



NEURO-OPHTHALMOLOGY REFERRAL FORM

Patient Name _____ **DOB** _____ **Phone** _____

Reason for referral

- Diplopia
- Optic nerve disorder
- Visual Field Defect
- Hemifacial spasm/Blepharospasm
- Anisocoria
- Papilledema
- Nystagmus
- Other _____

Exam findings (or include chart notes with referral form)

VA: OD 20/____ OS 20/____

Timeframe for evaluation

- Next available
- Within _____ days
- Urgent: Please have a staff member call 541.868.9430 if requested timeframe is within the next 72 hours

Referring Doctor (please print): _____ **Phone** _____