



at Deicke House
219 East Cole Avenue
Wheaton, IL 60187
P: 630-690-7115
F: 630-690-9037

FAX - REFERRAL FORM

PATIENT INFORMATION

Wheaton LaGrange Park

Patient's Name _____

Phone _____ Date of Birth _____

I hereby authorize you to have someone contact me to provide me with more information regarding low vision rehabilitation.

Patient's Signature _____ Date _____

DOCTORS INFORMATION

Doctor's name _____ Phone _____

Signature _____ Location _____

Please return this completed form to Patient Services
at **FAX # 630-690-9037**
We will call your patient to explain low vision rehabilitation and our services.



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