



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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