



PLEASE PRESENT TO YOUR DOCTOR BEFORE YOUR EXAM.

SEND THIS FORM, EYE EXAMINATION FORM & VISUAL FIELD RESULTS TO NOVAVISION TO COMMENCE VRT.

Please Check : Vision Restoration Therapy (VRT) Inclusion Criteria

- Has neurological visual field defect involving central 30 degrees
Has best corrected visual acuity of at least 20/200 in one eye
Able to sit upright for visual field test type activity for 15-30 minutes
Able to manually click computer mouse or response button
No significant attentional, cognitive, or behavioral dysfunction

If a patient does not meet criteria, call NovaVision for consideration. Photosensitive seizure disorder and severe cognitive defects are contraindications for VRT. Patients with acute inflammation of the eyes or central nervous system should wait until the acute phase has subsided.

Please Circle and Complete: Therapy Optimization

Cause of Visual Field Loss: CVA Traumatic Brain Injury Other CNS Lesion:

Date Occurred:

Current Health Problems: DM Depression Aphasia Hemiparesis Memory Impairment None

Current Living Situation: With Family/Other Has Prof. Caregiver Assisted Living Alone/Independent

Computer Experience: Advanced Intermediate Some Familiarity Beginner

PRESCRIPTION

Dr. Name
Lic# State
Address
Phone
Email

Name: Date:

Address:

Phone: Email

Date of Birth:

Rx: Vision Restoration Therapy (VRT)

Contact: NovaVision Patient Services at 1.888.205.0800

Fax to: 1.561.620.2546

Physician Signature: