

PLEASE PRESENT TO YOUR EYE DOCTOR BEFORE YOUR EXAM.

SEND THIS FORM, CANDIDATE INFORMATION FORM & VISUAL FIELD RESULTS TO NOVAVISION TO COMMENCE VRT.

**Dear Doctor:** Your patient is interested in initiating **Vision Restoration Therapy (VRT)** for the treatment of neurological visual field loss predominantly resulting from stroke or TBI. To qualify, each VRT candidate must undergo an eye examination, including the tests listed below and a visual field examination, which will assist with preparing and interpreting the therapy regimen.

**Patient Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Patient Phone** \_\_\_\_\_ **Exam Date** \_\_\_\_\_

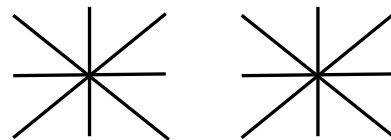
Rx to be used for VRT: (BCVA for Near work)

BCVA (better seeing eye must be  $\geq 20/200$ )

OD: Sph \_\_\_\_\_ Cyl + / - \_\_\_\_\_ Axis \_\_\_\_\_ Add \_\_\_\_\_ Dist \_\_\_\_\_ Near \_\_\_\_\_  
 OS: Sph \_\_\_\_\_ Cyl + / - \_\_\_\_\_ Axis \_\_\_\_\_ Add \_\_\_\_\_ Dist \_\_\_\_\_ Near \_\_\_\_\_

Make hash-mark at point of any gaze limitation or check none

OD                      OS                       None



Test	Results (Check yes if normal)	Yes	No	If no, please explain
<b>Tropia/Phoria:</b>	Normal - None present/functionally significant	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Convergence:</b>	Normal - Can converge/maintain fusion at 12 inches	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Nystagmus:</b>	Normal - None in primary gaze/upon convergence	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Color Vision:</b>	Normal - Views all color plates	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please list any pathology that may affect this patient's visual function.

Anterior Segment: \_\_\_\_\_

Posterior Segment: \_\_\_\_\_

**Visual Field Test Requirement:** Perform your standard central 10°, 24° or 30° threshold or other automated visual field test (use C-30 or N-30 for FDT) and **submit the results** to document the field defect and certify the patient is able to perform VRT. The 10-2 threshold strategy may best detect field improvement from VRT.

Examining Doctor (Signature) \_\_\_\_\_ Lic# \_\_\_\_\_ State \_\_\_\_\_

Examining Doctor (Print) \_\_\_\_\_ Office Tel. \_\_\_\_\_

**Fax to NovaVision HIPAA Secure Line: 1.561.620.2546**