



Edith Bishel Center
FOR THE BLIND
AND VISUALLY IMPAIRED

628 N. Arthur Street • Kennewick, WA • 99336 • 509-735-0699

Date: _____

Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____

Birthdate: _____

Eye Condition: _____

.....
Referred by: _____

Phone: _____

Fax: _____

E-mail: _____

Additional Notes: _____

.....
Referred for the following programs: (check all that apply)

- Optometric low-vision examination
- Low-vision aids
- Personalized in-home independent living skills training
- Support groups
- Low-vision iPhone/iPad training
- Reading assistance program
- Video magnifier rental program

Would you like to receive a copy of the services provided report:

Y___ N___

If yes, which is the best means to send that report: fax ___ email ___

Please fax or email this form to: 509-735-4074 / Shanna@edithbishelcenter.org

**Optometric Physician
Referral Form**