

Date: _____

Reading Eye Examination Referral Form

From: _____

Tel: _____

To: Optometry Clinic,
School of Optometry, Room A034,
The Hong Kong Polytechnic University

e-submission: <https://polyu.hk/wmHZd>

Tel: 2766 5225

Fax: 2362 5440



Patient name: _____

Gender: M / F

Age: _____

Your Ref: _____

Tel: _____

Reason of referral

Clinical findings

I would like to refer the above patient for the following assessment(s):

☐

Reading eye examination (Subsequent vision training: \$500 per session)

HK \$1,200

☐

Primary care consultation and Reading eye examination

HK \$1,800

* Reading eye examination includes binocular vision, visual spatial, oculomotor and reading ability assessments.

Subjective refraction:

	Sphere	Cylinder	Axis
RE			
LE			

Specific remarks: ☐ cycloplegic (cycloplegic agent: _____) /

☐ non-cycloplegic / _____

(Optometrist/ Ophthalmologist)