



Date: _____

Visual Electrophysiology 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)^a:

- EOG HK \$2,300
- VEP HK \$2,300
- ERG HK \$2,300
- Multifocal ERG HK \$2,800
- Multifocal ERG (Glaucoma) HK \$5,200

Subjective refraction:

	Sphere	Cylinder	Axis	Add	VA
RE					
LE					

Specific remarks: _____

a: Please select an assessment or our staff optometrist will determine.

A written report, enclosed with the relevant printouts, will be sent to the referring practitioner within 14 working days after the consultation.

(Optometrist/ Ophthalmologist)