

Referral for Staff Optometrist Service in Optometry Clinic, The Hong Kong Polytechnic University

Address: Rm A034, PolyU, Hung Hom. Tel: 2766 5225 Fax: 2362 5440 Email: optclinic.enquiry@polyu.edu.hk

Referred from:

Practitioner's name: _____ Organization: _____

Address: _____

Office Tel: _____ Office fax: _____ Email: _____

Patient Name: _____ Gender: _____ DOB: _____ Our Ref: _____

Contact phone (if any): _____ or _____ c/o (_____)

Dear Optometry Clinic,

Patient's background information:

Request for service(s) on:

- Comprehensive Eye examination
- Vision Rehabilitation Services Sports Vision Assessment
- Flash ERG/Multifocal ERG /Pattern VEP/ EOG* Vision therapy / Visual Perceptual Assessment*
- Vocational Color Vision Assessment Field of Single Binocular Vision (FSBV)
- Contact Lenses (RGP/Keratoconus/Scleral lens/OrthoK/Others: _____)*
- Others:

Signature of Practitioner

Date:

* Delete as appropriate