Price Eye Care, Inc.
Dr. Monica Price Kowaleski

946 N State Street Greenfield, IN 46140
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NeuroLens Referral Form

Easy as 1 2 3

1 – Fill out Step 1 of the form and fax to Price Eye Care at 317-318-1176
2 – We will reach out to the patient to schedule a NeuroLens test and fax this sheet back to the referring doctor with the NeuroLens values
3 – Fax this back to us with the patient's new final Rx with NeuroLens values and we will make the patient's glasses

NeuroLens Information

- Rx parameters +/- 5.00 sphere
- SEG 18+ minimum
- It is not recommended to test patients with a history of seizures
- Patient can use their HSA
- All glasses come with anti-reflective

Step 1

Patient Name: _____ DOB: _____

Patient Address: _____ Patient Phone: _____

City: _____ State: _____ ZIP: _____

Email: _____

Preferred Date to come in: ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday

Referring Doctor: _____ Practice Phone: _____

Practice Location: _____ Practice Fax: _____

Last Rx – with Prism and Add if any

OD: _____ Distant VA 20/_____ Near VA 20/_____

OS: _____ Distant VA 20/_____ Near VA 20/_____

Glasses	**Material**	**Add Ons**	**PDs**
☐ SV	☐ Trivex	☐ Transitions	OD: _____
☐ Progressive	☐ High Index 1.67	☐ Polarized	
☐ Office/Computer		☐ Blue Light Blocker	OS: _____
☐ Over Contact Lenses			

Step 2 – Price Eye Care to fill and fax back **☐ Testing showed Patient is not a candidate for Neurolens**

Recommended NeuroLens Value OD: _____ Base In OS: _____ Base In

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Step 3 – Final NeuroLens Rx from Referring Doctor

OD: _____ Prism _____ Add_____
Horizontal Vertical

OS: _____ Prism _____ Add_____
Horizontal Vertical

Prescribing Doctor Signature: _____ Date: _____