



Acton Eyecare

Dr. John W. Pond & Associates



Dr. John W. Pond – Low Vision Optometry – A5-372 Queen Street East, Acton, ON, L7J 2Y5
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Referral For Low Vision Examination

Referring Doctor:		
Address:		
Tel:	Fax:	Email:

Patient Name:	DOB:
Address:	
Phone #:	Email:
Ocular Condition:	Condition Stable: Y N

Date of Last Eye Examination:	
Spectacle Rx: OD	VA
OS	VA
Add:	Near VA

Reason For Referral: Driving Television Computer Reading
 Playing Cards Playing Music Other: _____

Notes:

After receiving a referral: the patient will be contacted for a 15-30 minute telephone consultation prior to booking an appointment

After a low vision assessment: the referring ECP will receive a summary of what devices/solutions have been prescribed/recommended for the patient
: if the patient has any difficulties with the low vision devices, please refer them back to us for follow-up

Please email this referral to: drpond@actoneycecare.com or fax to: 519-853-4339