



AVID QUALITY CARE
1440 FM 2931 Ste B, Aubrey, TX 76227
Office: (940) 365-9600 Fax: (877) 747- AVID (2843)

VISION EXAMINATION

Date:		Physician:	
Physician Phone #:		Physician Address:	

Consumer and Case #:	
Date of Birth and Age:	
Medicaid and Medicare #'s:	
Current Medications:	
Allergies:	

Examination:	Acuity Without Correction	Acuity With Correction
O.D. (right eye): _____	20/	20/
O.S. (left eye): _____	20/	20/

Add: _____

Muscle Function: Normal _____ Restricted _____

Comments: _____

Tonometer Finding: Right Eye: _____ Left Eye: _____
(Glaucoma)

Glasses Recommended? Yes _____ No _____
Glasses should be worn? All the time _____ Near Vision _____ Far Vision _____

Any Changes? Frames _____ Lens _____ None _____

General Summary: _____

Physician's Signature

Date