

ADMINISTRATIVE OFFICE

Lions Low Vision Centers of Fairfield & New Haven Counties, Inc. 23 Barnabas Road, Suite 212, Hawleyville, CT 06440



Please contact our Toll Free Number at (866) 319-9733 to set up your appointment today.

Lions Low Vision Center at Jewish Senior Services 4200 Park Avenue Bridgeport, CT 06604 (203) 365-8454

Lions Low Vision Center at Danbury Hospital Rehabilitation Center 235 Main Street, Danbury, CT 06810 (203) 730-5900

Lions Low Vision Center at Griffin Hospital's Rehabilitation Services Department 350 Seymour Avenue, 2nd Floor, Derby, CT 06418 (203) 732-7445 Lions Low Vision Center at Greenwich Hospital Physical Medicine Department West Putnam Medical Center - 3rd Floor 500 West Putnam Avenue Greenwich, CT 06830 (203) 863-3290

Lions Low Vision Center at Easter Seals of Meriden 158 State Street, Meriden, CT 06450 (203) 237-1448

Lions Low Vision Center at Saint Mary's Physical Therapy of Naugatuck 799 New Haven Road, Naugatuck, CT 06770 (203) 720-1750

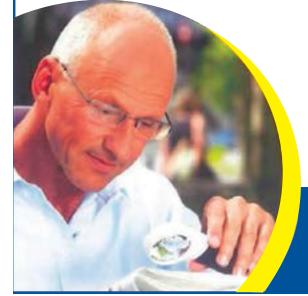
Lions Low Vision Center at Quinnipiac University, N1-HSC 370 Bassett Road, North Haven, CT 06473 (203) 582-7703

Lions Low Vision Center at Danbury Hospital Physical Medicine Center 22 Old Waterbury Road, Ste 101, Southbury, CT 06488 (203) 262-4230

Lions Low Vision Center at Saint Mary's Hospital Health & Wellness Center 1981 East Main Street, Waterbury, CT 06705 (203) 709-6232

"Low vision is that degree of vision loss that cannot be corrected by eyeglasses, contacts, medicine or surgery."





LIONS LOW VISION CENTERS of Fairfield & New Haven Counties, Inc. TOLL FREE (866) 319-9733

Fax Transmission to:					
	Bridgeport	203.396.1046		Naugatuck	203.720.1793
	Danbury	203.749.9144		North Haven	203.582.7890
	Derby	203.732.7395		Southbury	203.749.9152
	Greenwich	203.863.4590		Waterbury	203.709.7764
X	Meriden	203.237-9187			

This prescription form is to be filled out by an Eye Care Professional. It is then to be faxed to a Lions Low Vision Center or taken to the appointment. Appointments are made by calling (203)237-1448.

Please include the following items on **YOUR** prescription form:

- 1. Patient's Name
- 2. DOB
- 3. Primary Diagnosis
- 4. Secondary Diagnosis
- 5. Patient's Phone Number
- 6. Authorization for OT to distribute 3X thru 10X Stand or Handheld magnifiers as needed

AFFIX YOUR PRESCRIPTION FORM HERE PLEASE BE SURE TO USE THE ICD-10 CODES

 Best Corrected Acuity:
 Near: Right(OD):_____ Left(OS):_____ Both(OU):_____

 Right(OD):_____ Left(OS):_____ Both(OU):_____

 Scotoma:
 Please Describe: ______

 Services as Checked:

Occupational Therapy Evaluation & Treatment

- Skilled training in compensatory techniques to increase safety and independence in self-care, meal preparation, housekeeping and financial management.
- □ Skilled training in effective use of optical devices to compensate for low vision as needed for independent daily living.
- □ Skilled training in compensatory techniques to increase safety and independence in community activities.
- □ Educate patient/family on methods to increase safety and independence of patient in home/community.
- Other