

To: YESNICK VISION CENTER
10198 W. Flamingo Rd.
Las Vegas, NV 89147
Phone: (702) 966-2020
Fax: (702) 966-2022

Introducing:

Patient Name	Date of Birth

Address	

City/State	Telephone

I am referring the above patient to your office for the following reasons:

- Eye Strain/Headaches
- Computer Use
- Reading/TV
- Driving
- School Evaluation
- Fluctuating Vision
- Trauma/Stroke Evaluation
- Accommodative Dysfunction
- Stabismus/Amblyopia
- Exophoria/Esophoria
- Additional Information
- Patient is to return to my office for eyewear needs.
- Perceptual Evaluation (poor school performance)
- Infant/Pre-School Evaluation
- Post
- Double Vision

From:

Name of Referring Doctor	

Address	

City/State	Telephone