



NORTHWEST OHIO LIONS EYE CARE FOUNDATION, INC.

Because We Care
PCC Darlene Roll, President
1385 TR 216
Bellefontaine, OH 43311
419-371-5515

WE SERVE

Dear Doctor:

A patient of yours has requested financial assistance to obtain surgery or low vision devices from the Northwest Ohio Lions Eye Care Foundation. We are a group of area local Lions Clubs who assist people who otherwise could not afford the care they need. We try to carefully evaluate the patient's needs both financially and whether what the patient has requested is appropriate. This will help maximize the number of people we can assist with the limited funds we have available. Please take a few minutes from your busy schedule to complete this form. A patient HIPAA release is enclosed. ***Please send this form directly to PCC Darlene Roll at the address above.***

The Lions thank you for your time and assistance.

Sincerely,

PCC Darlene Roll, President

TO BE COMPLETED BY PHYSICIAN OR OPTOMETRIST ONLY

Patient Name _____ D.O.B. ____/____/____

Address _____

Best corrected acuity: Right eye _____ Left eye _____

Reading with correction: Right eye _____ Left eye _____

Visual Field status: _____

Is Prognosis stable? _____

Patient's goals regarding rehabilitation or aids: _____

Doctor's notes: _____

Doctor's signature _____

Doctor's name (please print) _____

Address _____

Phone number _____ Last Exam: ____/____/____

***Please send this form directly to PCC Darlene Roll at the address above.
Thank you for your help.***