



Center Of Vision Enhancement

1901 G Street
Merced, CA 95340
209-722-8118
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www.covermerced.org
FEIN # 68-0670036

Resource Center for Blindness & Low Vision
"We may lack sight, but we have vision."

Patient Referral Form

Date: _____

Patient Contact Information

Name: _____

Address: _____

City, State Zip Code: _____

Phone: _____

Email Address: _____

Alternate Contact Name _____

Alternate Phone : _____

Patient Information

Date of Birth: _____

Visual Acuity: OS: _____ OD: _____

Cause of Vision Loss: _____

Legally Blind? Yes No

Other Health Conditions: _____

Person making Referral: _____

Office Name: _____

Address: _____

Phone: _____

Email: _____

Email form to: info@covermerced.org

or send form to: COVE, 1901 G ST, Merced, CA 95340