ENVISION EYECARE

Kathleen Goff, OD FAAO
Ken Falknor, OD FAAO
Larry Falknor, OD
Andrew Zaborowski, OD
Justin Chelette, OD

REFERRAL FORM – CONSULTATION

Referring Provider: _____ Referring Clinic: _____

Referring Provider Email (for following up): _____

Patient's Name: _____ Parent/Guardian: _____

Patient's Phone Number: _____ Patient's Email: _____

Reason for Referral (please check all that apply)

- ○ Convergence Insufficiency
- ○ Accommodative Dysfunction
- ○ Diplopia (double vision)
- ○ Oculomotor Dysfunction
- ○ Amblyopia
- ○ Strabismus
- ○ Brain Injury
- ○ Reading Problems
- ○ Special Needs
- ○ Visual Processing
- ○ Dizziness
- ○ Other

LOCATIONS

Westside Clinic	**Central Clinic**	**Eastside Clinic**
7410 Remcon Cir. Suite K El Paso, TX 79912 Phone: **(915) 587-9400** Hours: **Mon:** 11:00 am - 7:00 pm **Tues – Thur:** 9:00 am - 5:30 pm (Lunch 12:30 pm - 1:30 pm) **Fri:** 9:00 am - 5:00 pm (Lunch 12:30 pm - 1:30 pm) **Sat:** 9:00 am - 1:00 pm **Closed Sunday**	2222 Montana Ave. El Paso, TX 79903 Phone: **(915) 544-6700** Hours: **Mon:** 11:00 am - 7:00 pm **Tues – Thu:** 9:00 am - 5:30 pm (Lunch 12:30 pm - 1:30 pm) **Fri:** 9:00 am - 4:00 pm (Lunch 1:00 pm - 2:00 pm) **Closed Saturday & Sunday**	1325 George Dieter Dr. Ste I-2 El Paso, TX 79936 Phone: **(915) 591-8800** Hours: **Mon - Fri**: 9:00 am - 5:30 pm (Lunch 12:30 pm - 1:30 pm) **Sat**: 9:00 am - 4:00 pm **Closed Sunday**