

VCU Fax

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

Medical Center

In the tradition of the Medical College of Virginia

To: Jennifer L. Rhodes, M.D.
FAX: 804-828-3045
Phone: 804-828-3042

FROM: _____

EYE EXAM INSTRUCTIONS

Please have your ophthalmologist complete this cover sheet and fax it to our center at (804) 828-3045. If you have questions please call (804) 828-3042.

Patient Name: _____ Date of Exam: _____

Please circle Yes or No

Clinically significant strabismus?	YES	NO
Changes in visual acuity?	YES	NO
Corneal scarring?	YES	NO
Change appearance of optic nerve?	YES	NO
Papilledema?	YES	NO

Further Comments: