



Myopia Management No Charge Consultation Virtual and In Person Appointments Available

1- Fax this form & Rx's (All Rx's if possible/available) to (512) 528-5712

2- Give original to the patient

This form can also be downloaded at www.myopiacycenteroftx.com/refer

Reason for Referral

- Myopia management (no specific modality requested)
- Ortho-k Evaluation (up to -9.00 myopia and/or -6.00 cylinder)

Notes: _____

Patient's Information

First Name: _____

Last Name: _____

Male Female

Date of Birth: _____

Last eye exam: _____

Parent's Information

First Name: _____

Last Name: _____

Mother Father

Cell Phone: _____

Email: _____

Referring Partner's Information

Date of Referral: _____

Doctor/Referrer Name: _____

Office/Business Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

The Myopia Center of Texas is a myopia management-only clinic dedicated to helping children and teens protect their eye health for life by slowing the progression of nearsightedness. We do not provide routine or medical eye care, or sell standard glasses or contact lenses.


Learn More

