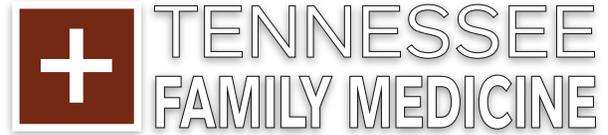


EYE EXAM



You will be needing a yearly eye examination to complete your healthcare needs. Please schedule a yearly checkup with your preferred eye doctor or choose from the list of local providers below. If you have any recommendations we'll add to the list of course.

EYE Doctor	Phone	Web
Orgain Family Vision Care - OD	824-5486	greateyes.org
VisionWorks	822-0446	visionworks.com/loc/625
Green Eye Center - MD, OD	452-1602	
Loden Vision - MD, OD	859-3937	lodenvision.com
Visionary Eyecare Center	824-4246	visionary-eye.com
Eyecare Plus	338-3602	myeyecareplus.com
Recommend anyone else?		
HEALTHSPRING \$0 Copay for exams	1-800-879-6901 http://goo.gl/PsLc6B	Call for local provider or Link for online search

At your exam please request that a copy of your exam be faxed back to our office.

An eye exam is requested for :

Diabetes exam Glaucoma screening Abnormal exam Cataracts

Please send or fax a copy of the eye exam and recommendations to

Tennessee Family Medicine

1047 Glenbrook Way Suite 120

(615) 590-2020

Hendersonville, TN 37075

(615) 590-2027 FAX

Glaucoma: Present Absent

Diabetic Retinopathy: Present Absent

Cataracts: Present Absent

Macular Degeneration Present Absent

NAME _____ **DOB** _____ **DATE** _____