



University Circle:
 1909 East 101st Street
 Cleveland, Ohio 44106-4110
 216-791-8118
 clevelandsightcenter.org

Highbrook Lodge:
 12944 Aquilla Road
 Chardon, Ohio 44024

Referral Form White Cane

Date: ____/____/____

Patient Information

Last Name	First Name	Middle Initial
Phone Number	Referring Diagnosis and Dx. Code	

Referring/Prescribing Provider Information

Provider Name _____ NPI _____ DEA# _____

Office Phone _____ Fax Number _____

Email Address: _____

Insurance ID # _____

Patients DOB _____

If possible....
 Please make a copy of
 Health Insurance Card
Front and Back
 Please Note:
 All Health Insurances are Verified



Patient Name	DOB
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Rx</div> <p><i>Enter prescription details here or attach your office prescription to the form.</i></p>	
<p>I am prescribing according to the Ohio Rule 5160-10-30 which provide Medicaid Coverage:</p> <p><input type="checkbox"/> For the Folding White Cane with a Pencil Tip</p> <p>White canes are recommended for public safety, mobility and accessibility</p> <p>Physician Signature _____ Date _____</p>	

Fax the completed Referral and Prescription Section to 216-658-8731