REFERRAL FORM TO OPTICIAN

Contact information to Silmäasema: silmaasema.fi

Book an eye examination

SILMÄASEMA

Name of the patient: _____

Employer: _____ Work task: _____

NEEDED EXAMINATION (free of charge)

- ☐ Eye examination
- ☐ Pre-employment examination
- ☐ Periodic examination
- ☐ Eye pressure measurement

ADDITIONAL EXAMINATIONS (examination with extra fee)

- ☐ Stereo vision test
- ☐ Colour vision test
- ☐ Contrast sensitivity test
- ☐ Eye examination for forklift and crane driver
- ☐ Driving eye test
- ☐ Examination to traffic vision
- ☐ Eye examination for train drivers
- ☐ Optician eye examination report
- ☐ NDT examination
- ☐ Eye examination based on work requirements

INVOICING (required field)

☐ Company ☐ Occupational health care

Invoicing address: _____

_____

Additional information: _____

_____

REFERRING PROVIDER

Date ____ / ____ / _____ Name: _____

Occupational health care: _____ Address: _____

THE REPORT MUST BE RETURNED ☐ yes ☐ no

REPORT OF EYE EXAMINATION

VISUAL ACUITY	Right eye	Left eye	Both eyes
Far vision without glasses:			
Far vision with glasses:			
Near vision without glasses:			
Near vision with glasses:			

NEED FOR GLASSES

- ☐ No need for glasses
- ☐ Current glasses are suitable
- ☐ Current glasses are in poor condition
- ☐ New glasses are needed

EYE PRESSURE

Right: _____

Left: _____

ADDITIONAL TESTING

Contrast vision:	☐ Normal	☐ Abnormal	_____
Stereo vision:	☐ Normal	☐ Abnormal	_____
Colour vision:	☐ Normal	☐ Abnormal	_____
Visual field:	☐ Normal	☐ Abnormal	_____

ADDITIONAL TEST RECOMMENDED

☐ Workstation ergonomics check is recommended, along with a control of occupational glasses if needed.

☐ Referred for an ophthalmologist's examination

Additional information: _____

_____

_____

Date ____ / ____ / _____ Silmäasema location: _____ Optician: _____