



NORTHEASTERN STATE UNIVERSITY
**Oklahoma College
of Optometry**

LESLEY L. WALLS VISION CENTER

3100 East New Orleans
Broken Arrow OK 74014
918-449-6210

PLEASE PLAN TWO HOURS (or longer) THE FIRST VISIT.

**NOTE: MEDICARE OR MEDICAID DOES NOT PAY REFRACTION
which is \$30.00 (this is to be paid by patient at time of service)**

Welcome to the Low Vision Clinic at the Lesley L. Walls Vision Center. Instructions on how to find our clinic are included with this mailing. If you are unable to keep this appointment, please give us 24 hours' notice.

We look forward to seeing you and please don't hesitate to contact us at 918-449-6210 with any questions.

When you prepare to come for your appointment, please bring the following with you:

- 1. The completed patient information form, included with this mailing. Bring insurance cards and picture ID.**
- 2. A list of your medications (unless filled this out on the information form).**
- 3. Any glasses you are currently using.**
- 4. Any magnification devices you are currently using.**

David Simpson, OD, FAAO, Chief, Low Vision Services

Benjamin Konig, OD, Resident

Your Appointment is on Mon / Tue / Wed / Thur / Fri

_____ at _____ : _____ AM / PM