

Ambulatory Care Center
RuskRehabilitation – Occupational Therapy
240 East 38th Street 17<sup>th</sup> Floor
New York, NY 10016
www.nyulmc.org/rusk

## Occupational Therapy Vision Rehabilitation

## OCCUPATIONAL THERAPY- VISION REHABILITATION FAX to (212) 263-0113 OR EMAIL ACCRuskIntake@nyumc.org

<b>Gender:</b> □ Female □ Male	Date of Birth:				
Telephone Number: Home:	()	Cell: (		_)	
Patient Address:					
Primary Insurance:					
Secondary Insurance: Insured Name:					
• •• ••	•• ••	•• •• ••	••	••	••
Medical Diagnosis:		_ICD 10:		Onset	Date:
	tion and Retraining tion and Activities				
ADLCommunity ReintegraTherapeutic Exercises	tion and Retraining tion and Activities				
OT Prescription for: (please sOT Visual Skills EvaluaADLCommunity ReintegraTherapeutic ExercisesOther	tion and Retraining tion and Activities				
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