



## Advanced Family Eyecare

Joana C. Pantoja, O.D.

Samuel C. Oliphant, O.D., F.A.A.O.

Lisa Bixler-Hartman, M.Ed., V.I.

14000 Quailbrook Dr., Oklahoma City, OK 73134

(405) 751-7727 Fax (405) 755-1875

### Report Request Form

Today's Date: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Report needed by (date): \_\_\_\_\_ Method to receive report:

call to pick up, mail/email to: \_\_\_\_\_

For: ☐ Progress \$59 (2C) ☐ School Accommodations \$76 (3C)  
☐ ACT/LSAT \$96 (4C) ☐ Other (varies) \$43 (1C) - \$108 (5C)

\*ACT accommodation is extended time

List **specific accommodations** to be included in your report:

(Example: Testing in a room free of distractions, extended time, etc...)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please provide your method of payment below.

Payment is due when your report is requested.

Fax request to (405) 755-1875 or email to [info@afeyecare.com](mailto:info@afeyecare.com)

**Please allow 2-3 weeks for report. Thank you.**

☐ Cash ☐ Check

Card: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_\_\_\_/\_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Request taken by: \_\_\_\_\_