

EYE SCREENING **REQUEST & CONFIRMATION FORM**

Lions of Illinois Foundation
2814 DeKalb Avenue
Sycamore, IL 60178
Attn: Diabetic Vision Screening Unit
Phone: 815-756-5633 X 240
Fax: 815-787-6806

DIABETIC RETINOPATHY/
MACULAR DEGENERATION

Lions Club _____ District _____

President _____

Home Phone # _____ Business Phone # _____

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_____ Yes, we would like to have the screening on _____

(Date)

This is a **special event** _____

(Time)

Exact Location of Screening Site:

Name of Facility/Location _____

Address _____ City _____

Additional Information _____

Phone # (nearest to screening site) _____
(This number will be used to contact our staff member only if necessary)

Please provide any additional info for driver (specific to the location, i.e. map, etc. on back.

Lion in Charge of the Screening:

Name _____ Title _____

Address _____ City _____ Zip _____

Daytime phone# _____ Evening phone # _____

Alternate contact:

Name _____ Title _____

Address _____ City _____ Zip _____

Home Phone # _____ Business # _____

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_____ NO, we are unable to sponsor the screening as scheduled.

Reason _____

Signed _____ Title _____

PLEASE SEND ENTIRE FORM AND RETURN by ASAP, 2013