

LOUISIANA DEPARTMENT OF PUBLIC SAFETY

Office of Motor Vehicles

Bioptic Telescopic Lens Vision Examination

Authority for this requirement is based on laws of the State of Louisiana, relating to the issuance of the driver's licenses.

INSTRUCTIONS TO APPLICANT

- This form must be completed by the Optometrist or Ophthalmologist prescribing the bioptic telescopic lens.
This form must be completed based on an examination performed within 60 days.
Failure to complete and return the form to the Office of Motor Vehicles within 90 days may result in the suspension or denial of driving privileges.
After this form is reviewed by the Office of Motor Vehicles, a final decision will be determined as to the eligibility of issuance of driver's license.
The applicant only qualifies for a class E license. Applicant is not eligible for a commercial driver license (CDL) or a motorcycle endorsement.
The following statement must be read and signed: I hereby authorize the examining physician whose signature appears below to release all information and findings contained herein to the Louisiana Department of Public Safety and Corrections.

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

THIS SECTION IS TO BE COMPLETED BY THE OFFICE OF MOTOR VEHICLES

APPLICANT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ R/S \_\_\_\_\_ DL# \_\_\_\_\_
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_
DATE ISSUED \_\_\_\_\_ MVCA'S INITIALS \_\_\_\_\_ BADGE # \_\_\_\_\_ OFFICE# \_\_\_\_\_

EXAMINATION RESULTS FROM THE SNELLEN WALL CHART

WITH CARRIER LENSES:

Right Eye 20/ \_\_\_\_\_
Left Eye 20/ \_\_\_\_\_
Both Eyes 20/ \_\_\_\_\_

WITH BIOPTIC TELESCOPIC LENS:

Right Eye 20/ \_\_\_\_\_
Left Eye 20/ \_\_\_\_\_
Both Eyes 20/ \_\_\_\_\_

[ ] APPLICANT FAILED TO COMPLY WITHIN 90 DAYS

THIS SECTION IS TO BE COMPLETED BY OPTOMETRIST OR OPHTHALMOLOGIST

INSTRUCTIONS

- The applicant must demonstrate a visual acuity of at least 20/200 in one or both eyes and a field of 110 degrees horizontal vision without or with corrective carrier lenses.
The applicant must demonstrate a visual acuity of at least 20/60 in one or both eyes with the bioptic telescopic lenses and without the use of field expanders.
The Optometrist or Ophthalmologist must certify that no ocular diagnosis or prognosis currently exists or is likely to occur during the period of issuance of the license which would cause deterioration of visual acuity or visual field to levels below the minimum standards.
This form must be completed in its entirety by an optometrist or ophthalmologist based on an examination performed within 60 days.
Incomplete forms may be rejected and could result in the denial of applicants driving privileges.
Clip on or hand-held telescopic lens are not acceptable.

PATIENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

EXAMINATION DATE \_\_\_\_\_ (must be within 60 days) [ ] Initial Evaluation [ ] Re-evaluation

WITH CARRIER LENSES:

Right Eye 20/ \_\_\_\_\_
Left Eye 20/ \_\_\_\_\_
Both Eyes 20/ \_\_\_\_\_

WITH BIOPTIC TELESCOPIC LENS:

Right Eye 20/ \_\_\_\_\_
Left Eye 20/ \_\_\_\_\_
Both Eyes 20/ \_\_\_\_\_

PERIPHERAL VISION FIELDS: Left \_\_\_\_\_ Right \_\_\_\_\_
Temporal Nasal Temporal Nasal

PATIENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

1. Does the patient meet or exceed the minimum acceptable horizontal, binocular field of vision requirements.  Yes  No

**NOTE:** Field expanders are not allowed to achieve vision requirements.

2. Can applicant recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors.  Yes  No

3. What medical conditions caused the present loss of the patient's visual acuity?
- \_\_\_\_\_
- \_\_\_\_\_

4. Does the patient have any progressive diseases of the eye?

Cataracts  Yes  No

Diabetic Retinopathy  Yes  No

Glaucoma  Yes  No

Macular Degeneration  Yes  No

Retinitis Pigmentosa  Yes  No

Other  Yes  No If so, please describe. \_\_\_\_\_

4. How long has this patient been under your care? \_\_\_\_\_

1. What is the date of the most recent visual examination? \_\_\_\_\_

2. On what date did patient receive telescopic lens? \_\_\_\_\_

3. Did patient complete the prescribed training exercises for the use of the bioptic telescopic lens?  Yes  No

4. In your opinion, should the patient be restricted to "Daylight Driving Only"?  Yes  No

5. Can you certify that that no ocular diagnosis or prognosis currently exists or is likely to occur during the period of issuance of the license which would cause deterioration of visual acuity or visual field to levels below the minimum standards.  Yes  No

6. Patient should be re-evaluated every :  6 months  Yearly

7. If license issued, what restrictions would be recommended.

5 mile radius of home  10 mile radius  15 mile radius  20 mile radius  25 mile radius

No interstate highway  light traffic only

Other special restrictions please explain:

\_\_\_\_\_

\_\_\_\_\_

- 12 In your opinion, would the patient's condition interfere with the safe operation of a motor vehicle?  Yes  No

If "yes", please explain in the space provided or attach an explanation on your letterhead.

\_\_\_\_\_

\_\_\_\_\_

In accordance with the provisions of R.S. 40:1356, a health care provider is **exempt from any liability** as a result of reporting to the Department of Public Safety and Corrections any visual ability, physical condition, impairment or disability which may impair a person's ability to exercise ordinary and reasonable control in the operation of a motor vehicle. This form must be completed in its entirety by an optometrist or ophthalmologist.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Physician's Address \_\_\_\_\_

Rev. 12/2008