www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

BIOPTIC TELESCOPIC LENS CERTIFICATION

MED 41 (09/25/2014)

Purpose: Use this form to provide required certification from both the applicant and their physician that the applicant has been fitted with and has used a prescription mounted telescopic lens for at least 60 days. Certification also confirms that the applicant has successfully demonstrated the abilities required to safely operate a motor vehicle while wearing bioptic telescopic lenses.

Instructions: Applicant - Complete the Applicant Information section and sign the Applicant Certification section.
Ophthalmologists/Optometrists - Complete and sign the Ophthalmologists/Optometrists Certification section.
Mail completed form to Medical Review Services at the above address.

APPLICANT INFORMATION

APPLICANT NAME (print) (last, first, mi)		DRIVER LICENSE/SOCIAL SECURITY NUMBER	
RESIDENCE/HOME ADDRESS ☐ CHECK HERE IF THIS IS A NEW ADDRESS	CITY	STATE	ZIP CODE
If you change either your residence/home address or mailing address to a non-Virginia address, your driver's license and/or photo identification (ID) card may be canceled.			
MAILING ADDRESS (If different than residence/home address)	CITY	STATE	ZIP CODE
DATE OF BIRTH (mm/dd/yyyy)	TELEPHONE NUMBER ( )	FAX NUMBER ( )	

OPHTHALMOLOGISTS/OPTOMETRISTS CERTIFICATION

MAKE OF TELESCOPIC LENS	POWER	DATE PATIENT RECEIVED LENS

I certify that the patient has:

- been fitted for a prescription spectacle mounted telescopic lens arrangement and has had this arrangement in his/her possession for at least 60 days prior to the application date.
- clinically demonstrated the ability to locate stationary objects within the telescopic field within one or two seconds.
- clinically demonstrated the ability to locate a moving object in a large field of vision by anticipating further movement, so that by moving the head and eyes in a coordinated fashion is able to locate the moving object within the telescopic field within one to two seconds.
- clinically demonstrated the ability to remember what has been observed after a brief exposure, with the duration of the exposure progressively diminished to simulate reduced observation time while driving.
- experienced levels of illumination which may be encountered during inclement weather or when driving from daylight into areas of shadow or artificial light and the patient has clinically demonstrated the ability to successfully adjust to such changes.
- used the lens while walking for practical experience of motion while objects are changing position.

MEDICAL PROVIDER NAME (print)	CHECK BOX THAT APPLIES: ☐ OPHTHALMOLOGIST ☐ OPTOMETRIST	
MEDICAL LICENSE NUMBER	EXPIRATION DATE (mm/dd/yyyy)	STATE ISSUING LICENSE TO PRACTICE
BUSINESS ADDRESS		TELEPHONE NUMBER ( )
CITY	STATE / ZIP CODE	FAX NUMBER ( )
MEDICAL PROVIDER SIGNATURE		DATE (mm/dd/yyyy)

APPLICANT CERTIFICATION

I certify that I have been using the bioptic lens:

- daily for at least 60 days.
- while walking or riding a bicycle daily for at least 6 weeks.
- for spotting objects and identifying road signs successfully as a motor vehicle passenger for at least 6 weeks.
- to locate and identify objects within the telescopic field within one to two seconds.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT SIGNATURE	CERTIFICATION DATE (mm/dd/yyyy)