

## Eric R. Straut, O.D. Medical Optometry



Dr. Straut earned his Bachelors of Science degree in Molecular Biology from Grove City College, near Pittsburgh, Pennsylvania. He attended Nova Southeastern University, in Fort Lauderdale, Florida, graduating with honors with his Doctorate of Optometry. While at Nova Southeastern, he earned numerous academic awards. A member of Beta Sigma Kappa, an international Optometric academic fraternity, Dr. Straut focused his extracurricular hours on research and community service. Dr. Straut is a member of the American Optometric Association.

Dr. Straut enjoys listening to music, cooking, and working with his hands in his garage. Dr. Straut also enjoys playing soccer, having spent four years coaching a Western Pennsylvania high school soccer team to their District Championship each year under his guidance. Above all else, Dr. Straut enjoys spending time at home with his wife and family.

Dr. Straut was born in Virginia and was raised in the beautiful countryside of West Virginia. Dr. Straut enjoyed camping, hunting, and playing soccer while growing up. Dr. Straut met his beautiful wife in school, and they have been happily married for over four years. He and his wife, a Physical Therapist, moved to Melbourne in 2012, where they plan to raise a family.

**"I have a particularly strong interest in helping patients with retinal diseases, including macular degeneration and diabetic eye diseases, providing low vision care, contact lens fittings, dry eye management, post-surgical care and emergency eye care."**

Dr. Straut's thoughts on life in Brevard County: *"Coming from South Florida, my wife and I looked forward to our move to Brevard County. We really enjoy the safe, friendly environment that Melbourne provides. This seems like the ideal place to raise a family, and my wife and I look forward to doing that soon. We feel truly blessed and excited to be able to serve our new community as medical professionals."*

Dr. Straut's personal philosophy regarding eye care and his patients: *"I believe that the clinical outcomes are most successful when patients are closely involved in their own care. I pride myself on doing all that I can to clearly communicate my findings and plan of care to my patients to help each of them achieve the greatest possible benefit from each examination, test, and procedure I perform. I treat my patients as I would my own family."*



Dr. Straut is accepting new patients at his  
**Rockledge, Melbourne and Palm Bay offices.**

All three offices may be reached at

**(321) 722-4443.**

**PATIENT REFERRED BY:**

\_\_\_\_\_

I am sending the following patient,

Name: \_\_\_\_\_

Telephone \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

to you for consultation regarding:

<input type="checkbox"/>	Comprehensive Eye Examination
<input type="checkbox"/>	Comprehensive Eye Examination + Contact Lens Evaluation & Fitting
<input type="checkbox"/>	Diabetic Eye Examination
<input type="checkbox"/>	Double Vision
<input type="checkbox"/>	Dry Eyes
<input type="checkbox"/>	Eye Evaluation S/P CVA
<input type="checkbox"/>	Eye Infection
<input type="checkbox"/>	Eye Pain
<input type="checkbox"/>	Glaucoma
<input type="checkbox"/>	Loss of Vision
<input type="checkbox"/>	Low Vision Consultation
<input type="checkbox"/>	Use of High Risk Medication – (Please Specify):
<input type="checkbox"/>	Other (please specify):

**Pre-Consultation Assessment by Referring Physician:**

VA sc cc OD: 20/\_\_\_\_ OS: 20/\_\_\_\_ IOP: OD: \_\_\_\_\_ OS: \_\_\_\_\_

OTHER PERTINENT HISTORY/FINDINGS:

\_\_\_\_\_  
SIGNATURE OF REFERRING PHYSICIAN

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE