Vision Referral Letter

Date ________________________

Dear Parent:

Your child's vision screening given in ________________________________________________________ school indicates that a complete vision examination would be advisable. We are therefore suggesting that you take __________________________________________ to an eye specialist for a thorough vision examination.

If you are in need of further information, contact your local school district or health department. Please give the enclosed form to your vision specialist and ask him to fill it out and return it to:

__________________________________

__________________________________

HEA 4708 (Rev 11/97)