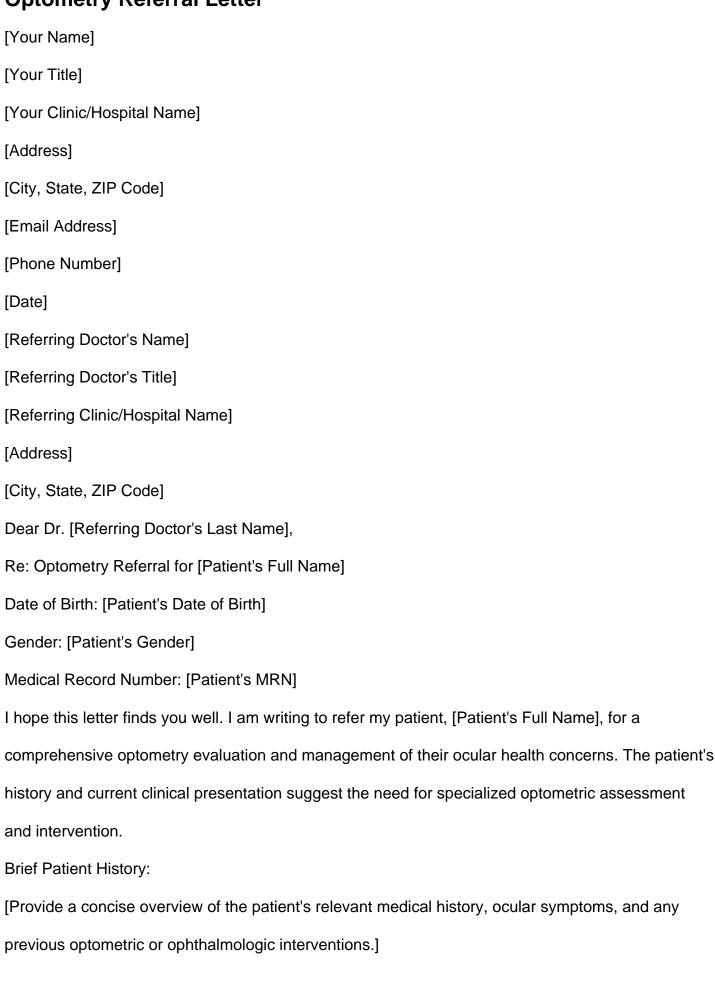
Optometry Referral Letter



Reason for Referral:

[Specify the specific reason for the referral, such as suspected ocular pathology, refractive error

assessment, contact lens fitting, visual field assessment, etc.]

Clinical Findings:

[Summarize any pertinent clinical findings or diagnostic test results that have led to the decision to

refer the patient for optometric evaluation.]

Treatment/Management So Far:

[Outline any treatments or interventions you have initiated or recommended for the patient's ocular

condition.]

Referral Details:

I kindly request that you perform a thorough optometric evaluation of [Patient's Full Name] and

provide appropriate management and treatment as necessary. Please keep me informed of the

evaluation results and recommended treatment plan, as this will help ensure comprehensive and

coordinated care for the patient.

Patient Contact Information:

Patient's Address: [Patient's Address]

Patient's Phone: [Patient's Phone Number]

Patient's Email: [Patient's Email Address]

Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if you require

any further information or if there are any specific aspects of the patient's history that you would like

to discuss before the evaluation.

Thank you for your attention to this referral, and I appreciate your collaboration in the care of this

patient. I look forward to receiving your evaluation results and recommendations.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Medical License Number]

[Your Clinic/Hospital Stamp, if applicable]

CC: [Patient's Primary Care Physician, if applicable]

[Other Relevant Healthcare Providers, if applicable]