

# Optometry Referral Letter

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Referring Doctor's Name]

[Referring Doctor's Title]

[Referring Clinic/Hospital Name]

[Address]

[City, State, ZIP Code]

Dear Dr. [Referring Doctor's Last Name],

Re: Optometry Referral for [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

Gender: [Patient's Gender]

Medical Record Number: [Patient's MRN]

I hope this letter finds you well. I am writing to refer my patient, [Patient's Full Name], for a comprehensive optometry evaluation and management of their ocular health concerns. The patient's history and current clinical presentation suggest the need for specialized optometric assessment and intervention.

Brief Patient History:

[Provide a concise overview of the patient's relevant medical history, ocular symptoms, and any previous optometric or ophthalmologic interventions.]

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]