

Pediatric Vision Problem Referral Letter

Dear Dr. [Pediatric Ophthalmologist Name],

I am referring [Child's Name], DOB: [Date of Birth], age [Age], for specialized pediatric evaluation and management.

CONCERNS: During examination on [Date], I identified [strabismus, amblyopia, significant refractive error, etc.]. The child's visual acuity was [measurements with appropriate testing method]. Cover test revealed [findings]. Cycloplegic refraction showed [measurements].

Parents report [developmental concerns, behavioral observations, school performance issues].

Family history includes [relevant information].

Given the critical period for visual development, I believe early intervention under your care would be beneficial. The parents are aware of the importance of prompt treatment.

Thank you for your pediatric expertise.

Kind regards,

[Your Name], OD

[Practice Name]

[Contact Information]

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