

REFERRAL LETTER

Dear Dr

Patient's Details

Patient's Name: Date of Visit:

D.O.B: Age/Race/Gender:

Reason(s) for Referral/Chief complaint(s):

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.....
.....

Refraction Details:

	RE	LE
Prescription (VA) (Distance/Near)/.....X..... ()/.....X..... ()
Near Add (VA @ __ cm) (if applicable) (____@ ____cm) (____@ ____cm)

Please conduct the necessary eye examinations to the patient. Appreciate if you could send me a reply on patient's condition(s).

Thank you.

Yours sincerely

Practitioners Name:

Contact:

Company Address:

.....

Date:.....