**Letter: D**

**SAMPLE Follow-Up Referral Letter for Parents**

[School Letterhead]

**School Vision Screening Referral Follow-Up**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To: Parent(s)/Guardian of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Earlier in the school year a vision referral letter was sent home with an attached eye care specialist report form. At that time, due to the results from our school screening, it’s recommended that your child have a comprehensive eye examination. I have not received any information regarding this referral. Please check the appropriate statement listed below so I can record this information in your child’s health file.

\_\_\_\_\_ The form has been lost. Please send another one.

\_\_\_\_\_ No appointment was made and we do not plan to follow up at this time.

\_\_\_\_\_ We do not have insurance; please send information on possible financial assistance for eye examinations.

\_\_\_\_\_ We do have insurance; however, please send information on possible financial assistance for eye examinations.

\_\_\_\_\_ An appointment is scheduled on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). The Eye Specialist Report will be sent to the school soon upon completion.

\_\_\_\_\_ The examination was done. I have notified the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of eye care specialist) and requested they send The Eye Specialist Report to the school.

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions or need assistance in scheduling an appointment, please feel free to contact me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screening (Contact Person)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/FAX/email

This area for office use only: