

[Your Practice Name]
[Your Practice Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

Subject: Detailed Eye Examination Results

I hope this letter finds you well. I am writing to provide you with the results of your recent detailed eye examination conducted on [date of examination].

****Patient Information:****

- Name: [Patient's Name]
- Date of Birth: [DOB]
- Appointment Date: [Examination Date]
- Referred by: [Referring Doctor, if applicable]

****Examination Findings:****

1. ****Visual Acuity:****

- Right Eye: [20/XX]
- Left Eye: [20/XX]

2. ****Intraocular Pressure:****

- Right Eye: [mmHg]
- Left Eye: [mmHg]

3. ****Refraction Results:****

- Right Eye: [Prescription]
- Left Eye: [Prescription]

4. ****Binocular Vision and Fields:****

- Overall findings: [Details on depth perception, eye alignment, etc.]

5. ****Ocular Health Evaluation:****

- Fundus Examination: [Findings e.g., optic nerve health, retina condition]
- Anterior Segment: [Any observed conditions such as cataracts or corneal issues]
- Other Tests Conducted: [Details, if any]

****Diagnosis:****

After reviewing your examination results, the following conditions were diagnosed:

- [List any diagnosed conditions such as myopia, hyperopia, astigmatism, glaucoma, etc.]

****Recommendations:****

- [Recommended treatments, glasses prescription, follow-up appointments, eye care instructions, etc.]
- Follow up in [time frame] or sooner if you experience any changes in vision or discomfort.

Please feel free to contact our office if you have any questions regarding your exam results or recommendations. Thank you for trusting us with your eye care.

Sincerely,

[Your Name]
[Your Title]

[Your Practice Name]

[Your License Number, if required]