

[Your Clinic Name]
[Clinic Address]
[City, State, ZIP Code]
[Phone Number]
[Email Address]
[Date]
Patient Name: [Patient's Full Name]
Patient ID: [Patient ID Number]
Date of Birth: [Patient's Date of Birth]

EYE TEST LETTER

Dear [Patient's First Name],

We hope this letter finds you well. This is to inform you that you have undergone an eye examination on [Date of Examination] at our clinic. Please find the results and recommendations below.

Vision Test Results:

- **Right Eye:** [Vision Results (e.g., 20/20)]
- **Left Eye:** [Vision Results (e.g., 20/20)]
- **Overall Assessment:** [Any relevant notes]

Recommendations:

1. **Prescription Glasses:** [Yes/No] (if applicable)
2. **Follow-Up Appointment:** [Recommended Time Frame]
3. **Additional Tests Required:** [List any further tests, if necessary]
4. **Eye Care Tips:** [Any general advice]

Please feel free to reach out if you have any questions or if you would like to schedule your next appointment.

Thank you for visiting [Your Clinic Name].

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]