

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name/Guardian's Name],

Subject: Pediatric Eye Examination Results

We are pleased to inform you that your child's recent eye examination on [Date of Examination] has been completed. Below are the results and any recommendations for further care:

****Patient Information:****

- Name: [Child's Name]

- Date of Birth: [DOB]

- Guardian's Name: [Guardian's Name]

****Examination Findings:****

- Visual Acuity: [Results]

- Eye Alignment: [Results]

- Depth Perception: [Results]

- Color Vision: [Results]

- Additional Tests: [Results, if applicable]

****Recommendations:****

- [Any necessary corrective lenses, such as glasses or contacts]

- [Follow-up appointment details, if needed]

- [Information on eye care practices or any required treatments]

Please ensure that your child follows the recommendations provided above.

If you have any questions or concerns regarding the examination or next steps, feel free to contact our office at [Office Phone Number] or [Email Address].

Thank you for trusting us with your child's eye care.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]