

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

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

Dear [Parent's Name],

We are writing to inform you about the results of [Child's Name]'s recent vision exam conducted on [date of exam].

****Patient Information:****

- Name: [Child's Name]
- Date of Birth: [Child's Date of Birth]

****Exam Results:****

- Visual Acuity: [Results]
- Near Vision: [Results]
- Color Vision: [Results]
- Depth Perception: [Results]
- Other Observations: [Results/Notes]

****Recommendations:****

- [Any necessary follow-up appointments or referrals, e.g., glasses prescription, further testing]
- [Advice on eye care or vision-related activities]

If you have any questions or concerns, please do not hesitate to contact our office at [Phone Number].

Thank you for trusting us with [Child's Name]'s vision care.

Sincerely,

[Optometrist's Name]
[Title]
[Practice Name]