

[Your Clinic Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Eye Examination Report

We are writing to provide you with the results of your recent eye examination conducted on [examination date].

**\*\*Patient Information:\*\***

- Name: [Patient's Name]

- Date of Birth: [Patient's DOB]

- Appointment Date: [Appointment Date]

**\*\*Vision Assessment:\*\***

- Distance Vision: [e.g., 20/20 in both eyes]

- Near Vision: [e.g., J1 in both eyes]

- Visual Acuity: [e.g., Right Eye: 20/20, Left Eye: 20/20]

**\*\*Ocular Health Examination:\*\***

- External Examination: [e.g., No abnormalities noted]

- Intraocular Pressure: [e.g., Normal]

- Fundoscopy: [e.g., Healthy optic nerve, no signs of retinal disease]

- Corneal and Lens Assessment: [e.g., Clear cornea, no cataracts]

**\*\*Recommendations:\*\***

- [e.g., Continue current prescription, schedule follow-up in 12 months].

- [e.g., Consider sunglasses for UV protection].

- [e.g., A referral to a specialist is recommended for further evaluation, if applicable].

Please feel free to reach out if you have any questions or concerns regarding your results or recommendations. We appreciate your trust in our care and look forward to assisting you in the future.

Sincerely,

[Your Name]

[Your Job Title]

[Clinic Name]

[Contact Information]