

[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],
Thank you for visiting us for your recent eye examination on [Date of Exam]. Here are the results of your eye test:
Visual Acuity Results:
- Right Eye: [Result, e.g., 20/20]
- Left Eye: [Result, e.g., 20/25]
Intraocular Pressure:
- Right Eye: [Pressure, e.g., 15 mmHg]
- Left Eye: [Pressure, e.g., 16 mmHg]
Refraction Results:
- Right Eye: [Prescription, e.g., -2.00 +1.00 x 90]
- Left Eye: [Prescription, e.g., -1.50 +0.50 x 80]
Additional Findings:
- [Any relevant observations, e.g., no signs of cataracts, healthy retina, etc.]
Recommendations:
- [Suggestions, e.g., follow up in one year, consider new glasses, etc.]
If you have any questions or would like to discuss your results further, please don't hesitate to contact us.
Best regards,
[Your Name]
[Your Title]
[Your Practice Name]