

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Recipient's Medical Practice/Facility Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a referral for an eye exam for my [relation, e.g., son, daughter, patient], [Patient's Name], who is [age] years old. [He/She/They] has been experiencing [specific symptoms or concerns, e.g., blurred vision, headaches, difficulty seeing at night], which I believe necessitates a comprehensive examination by an eye specialist.

[Optional: Provide a brief medical history or relevant information about the patient's health and previous eye exams, if applicable.]

Please let me know if you need any further information or documentation. I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]