

Ophthalmology Consultation Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to confirm that [Patient's Full Name], born on [Patient's Date of Birth], has been evaluated in our clinic on [Consultation Date] for contact lens fitting.

During this consultation, the following findings were noted:

- Visual Acuity: [Insert Visual Acuity Results]
- Keratometry: [Insert Keratometer Readings]
- Eye Health Assessment: [Insert Findings]

Based on the examination results, the patient is deemed a suitable candidate for contact lens fitting. We recommend the following type of contact lenses:

[Specify Type of Contact Lenses]

The patient has been advised on proper care and usage of contact lenses. A follow-up appointment is scheduled for [Insert Follow-Up Date] to assess fit and comfort.

Please feel free to contact our office if you have any questions or require further information.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]

[Contact Information]