

Pediatric Ophthalmology Consultation Letter

Date: [Insert Date]

To: [Parent's Name]

[Parent's Address]

[City, State, Zip Code]

Dear [Parent's Name],

Thank you for bringing your child, [Child's Name], in for an eye examination. Based on our assessment, I have noted the following findings:

- **Visual Acuity:** [Insert findings]
- **Eye Alignment:** [Insert findings]
- **Pupil Response:** [Insert findings]
- **Fundoscopy:** [Insert findings]

Given these observations, I recommend the following:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

Please schedule a follow-up appointment in [time frame], or sooner if you notice any changes in [Child's Name]'s vision or symptoms.

Should you have any questions or concerns, do not hesitate to reach out.

Best regards,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Clinic Name]