

Refractive Error Assessment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Patient Name],

We are writing to inform you of the results of your recent refractive error assessment conducted on [Insert Date of Assessment]. The assessment was performed to evaluate your vision and determine the appropriate corrective measures if necessary.

Assessment Results:

- Right Eye (OD): [Insert Results]
- Left Eye (OS): [Insert Results]
- Vision Correction Recommendations: [Insert Recommendations]

If you experience any discomfort or have further questions regarding your assessment, please do not hesitate to contact our office. We are here to help you achieve the best possible vision.

Best Regards,

[Your Name]

[Your Title]

[Your Clinic/Office Name]

[Contact Information]