

Visual Acuity Results

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Referring Doctor: [Insert Doctor's Name]

Visual Acuity Examination Results

Eye	Uncorrected Visual Acuity	Corrected Visual Acuity
Right Eye	[Insert Uncorrected Result]	[Insert Corrected Result]
Left Eye	[Insert Uncorrected Result]	[Insert Corrected Result]

Additional Comments

[Insert any relevant comments or recommendations based on the results]

Thank you for your attention to this matter.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Your Contact Information]