

Referral Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Patient's Name], a [Patient's Age] year old patient, for vision therapy services. After conducting a thorough examination, it has become evident that [he/she/they] is experiencing difficulties that may benefit from specialized vision therapy.

During the assessment, [Patient's Name] displayed symptoms including [list specific symptoms or behaviors, e.g., eye strain, difficulty concentrating, etc.]. These issues are impacting [his/her/their] ability to [mention specific activities affected, e.g., reading, learning, etc.].

I believe that vision therapy will provide [Patient's Name] with the necessary support to improve [his/her/their] visual skills and overall functioning. Please find enclosed the relevant medical history and assessment details for your reference.

Thank you for your attention to this matter. I look forward to your collaboration on [Patient's Name]'s care. If you have any questions or need additional information, please feel free to contact me at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice/Organization Name]

[Contact Information]