

Letter of Referral for Vision Correction Services

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for vision correction services. [Patient's Name] has been experiencing [brief description of vision issues] which have affected their daily activities.

After a thorough examination, I believe that [Patient's Name] would benefit from [specific types of vision correction services, e.g., Lasik surgery, contact lenses, glasses]. I trust that your expertise will provide [Patient's Name] with the necessary evaluation and treatment options.

Please find attached [any relevant medical records or documents]. I appreciate your prompt attention to this referral and look forward to your feedback on [Patient's Name]'s progress.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Number]

[Your Address]

[City, State, Zip Code]