Month, Day, 20\_\_

Referral Name

Address

City, State, Zip

Dear \_\_\_\_\_\_\_\_\_\_\_:

Certified adult vision screeners, certified by Prevent Blindness Wisconsin, checked your vision at Event Title on Event Date, and you were found to have a possible vision problem at the screening.

We urge you to have a complete eye exam by an ophthalmologist (M.D.) or an optometrist (O.D.). This will help ensure that you see as well as possible, not only now but in future years.

You may have already had an eye exam, yet we are simply not aware of the results. If so, we would appreciate if you could provide us with the results via phone, fax, or mail using our contact information below.

I have had an eye exam with Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The results were:

❒ Normal ❒ Glaucoma ❒ Cataracts ❒ Refractive Error ❒ Hyperopia ❒ Myopia ❒ AMD
❒ Diabetic Retinopathy ❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment:

❒ Glasses ❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have not been examined for the following reason:

❒ I plan to have an exam in the future. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ I had an exam in the past and was normal.

❒ I am unable to follow through due to financial difficulty.

If finances are a problem, Prevent Blindness Wisconsin can provide you with resources to help you receive vision care.

Sincerely,

**731 N. Jackson Street ⋅ Suite 405**

**Milwaukee, WI ⋅ 53202**

**Office: 414-765-0505 Fax: 414.765.0377**

[**wisconsin.preventblindness.org**](https://wisconsin.preventblindness.org/)