

[Insert logo - optional]

HEADER

[Insert Business/Practice/Clinic Name]

[DATE: Month, Day, Year]

Contact Name (*First and Last*)  
Company Name (*if applicable*)  
Company Mailing Address

—RECIPIENT'S INFORMATION

Dear [First Name], —SALUTATION

I had the pleasure of meeting [patient's first and last name] on [Month, Day, Year] at [name of your business/practice/clinic]. Based on [reference number of hours of clinical evaluation] hours of clinical evaluation, I would expect [patient's first and last name] to [be able to do X, Y, Z with the assistance of low vision aids.]

I have enclosed a copy of my chart note summary from the visit for your records. Please call me if you have any questions or comments.

Thank you for allowing me to assist in the care of this patient.

Sincerely,

[Your Name, Accreditations]

[Your Title/Position]

[Your Business/Practice's Name]

—SIGNATURE BLOCK

Enclosure: Chart note summary

[Insert Business/Practice/Clinic address and contact information]

—FOOTER

1" margin  
on left

1" margin  
on right