

Specsavers vision report

Specsavers Store
Store Address Line 1
Store Address Line 2
P: 03 XXXX XXXX
specsavers.com.au/stores/store-name

Dear Parent/Guardian of [insert name],

Your child participated in a vision screening on [insert date], performed by an optometrist from Specsavers [name].

☐ Your child has passed the vision screening.

Note: A vision screening is not a substitute for a complete eye test. It is recommended all children attend a comprehensive eye test at least every two years, unless otherwise indicated by your eye care professional.

☐ Further evaluation is required. Please arrange a comprehensive eye test with your eye care professional.

To make an appointment at Specsavers [insert store], scan the QR code below. The results of today's vision screening were not retained by Specsavers [insert store], please provide this form to your appointment with an eye care professional.

An information brochure pertaining to 'Young Eye Health' is enclosed. If you have any questions regarding the vision screening performed or would like to make an appointment, please contact us on [insert number].

Specsavers offers eligible Medicare card holders a bulk billed comprehensive eye test, with no gap.

Kind regards,

[Optometrist]

Specsavers [name]

Habitual Vision

- ☐ WITHIN AGE RANGE
- ☐ REVIEW

Eye Muscle Balance

- ☐ WITHIN AGE RANGE
- ☐ REVIEW

Stereoacuity

- ☐ WITHIN AGE RANGE
- ☐ REVIEW

Colour Vision

- ☐ WITHIN AGE RANGE
- ☐ REVIEW

Comments

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