

3. Consent has been given to me by the client/patient to disclose the findings made with respect to the examination.

4. Short summary Case History. (Relating to visual)

5. Relevant findings (Visual)

Unaided VA OD _____ OS _____ OU _____

Aided VA OD _____ OS _____ OU _____

Visual Fields (Screening) OD _____ OS _____

Other pertinent findings _____

6. Professional opinion and recommendations (Treatment/management suggestions and prognosis. Include suggested follow-up)

I confirm that the above and the attached documentation are a true and correct reflection of the condition suffered by _____ (state practitioner's name)

_____ (Name)

_____ (Signature)

_____ (Date)

PRACTITIONER'S STAMP.

Please note the following:

1. The **document or attached report should be written within the past 2 years.**
2. The document or attached report must be printed on the practitioner's official letterhead