
SAMPLE LETTER [NOT A TEMPLATE] REFERRAL TO OPTOMETRIC COLLEAGUE

[Date]

Re: [Patient Name] DOB: [Date of Birth]

To whom it may concern:

I had the pleasure of examining [Patient Name] for visual sensorimotor testing on [Date]. He/she is a 2 year-old boy/girl with an extensive prior visual and overall health history due to infection with the herpes virus and also meningitis, encephalitis, and hydrocephalus within the first week of birth. This history is detailed in reports received from his/her parents and previous physicians. Most prominently to the sensorimotor testing, [Patient Name] has been diagnosed with cortical visual impairment and bilateral optic atrophy secondary to encephalitis. His/her parents noted that he/she did receive some vision therapy previously from June 2014 to June 2015 in India.

A flash VEP was previously performed in February 2014, indicating bilateral prolonged P100 latencies, as indicated by his/her parents. During [Patient Name]'s visit here, a sweep VEP (Enfant) was conducted to assess the response in the visual cortex. At very low spatial frequencies (less than one cycle per degree), a discernible amplitude response is present, indicating some visual capacity at a very gross level. During testing, right eye fixation with the left eye was noticeably more unstable and nystagmoid movement was present. The two eyes were out of phase during the entire presentation of the sweep VEP. I am including a copy of the results of the Enfant Sweep VEP that we conducted for reference.

[Patient Name]'s best visual responses during chairside testing were achieved when looking down and to the left. During examination, he/she responded with awareness to flashing light targets in this quadrant. The OKN drum, to assess reflex optokinetic responses, showed appropriate movement in this quadrant, indicating an intact visual pathway. With either method of visual stimulation presented, flashing lights or the OKN drum, [Patient Name] was briefly able to engage in the lower left quadrant and reflexively follow upward briefly. No other ability to fix, follow and track an object was noted during my evaluation.

Though prism was discussed, I do not believe that prism in the conventional sense would be beneficial at this time. However, it may be warranted to investigate the use of yoked prism with bases up or right to benefit field awareness. It is possible then in repeated trials during a vision stimulation, a particular location in the visual field warrants the prescribing of yoked prisms.

I have referred [Patient Name] and his/her parents to Dr. [Referral Provider Name and Practice]. She/he is the director of Pediatric Low Vision Services and is well versed in dealing with children with multiple disabilities. If you have any questions or require additional information, please do not hesitate to contact our office.

Sincerely,

[Doctor Signature Information]