



Vision Follow-Up Notice

Dear Provider,

_____ was identified through a Head Start vision screening
Name Date of Birth
at PALO VERDE HEAD START as needing a further vision follow-up and/or Vision Treatment.

Please provide the following information regarding the status of vision treatment:

- Appointment Scheduled** Date of appointment: _____
- Treatment in process** Date of next visit: _____
- Treatment completed** Date Completed: _____

Unable to complete treatment for the following reason:

- No show Parent declined Unable to contact

Other: _____

Office/Provider's Name: _____ Attn. _____

_____ Date _____

Please sign or use stamp

Date