**REFERRAL LETTER**

**VISION SCREENING**

**Date:**

**Parent’s Name:**

**Address:**

Dear Parent,

Your child’s vision screening given at the  
School indicated that a complete vision examination would be advisable.

*Name of School*

We are therefore suggesting that you take  
to **Eye Focus Inc.** in the Southern Plaza Complex at 420-EYES (3937) for a comprehensive vision examination by our program resident Optometrist or alternately an Optometrist of your choosing.

*Child’s name*

Eye Focus Inc. & our club subsidize the costs involved so you will only pay $50 for the examination and $45 for the Designer Glasses if needed. Alternately you could visit the Winston Scott Polyclinic for a free service.

If you are in need of further information, please contact the Principal of your child’s school. ***Please have your Optometrist forward any information that would be useful to your child’s teacher.***

Thank you for your assistance in this matter.

*Help us to help our future.*

Sincerely,

Progressive Optimist Club of Barbados

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