

PRACTICE NAME

Address1, Address2, Address3, Town, County, Postcode.

Tel: 00000 000000 Email:aaaa.aaaaa@aaaaaa.aa.aa

To the Parents or Guardian of:

«Title» «Initials» «Surname»

«Address1»

«Address2»

«Address3»

«Town»

«County»

«Postcode»

12 January 2017

Dear Parent or Guardian

Your child's eye examination is now due

Our records show that «FirstNames» is due for their eye examination. Please telephone the practice on <<PRACTICE PHONE NUMBER>> to make an appointment or, alternatively, call in person.

As you are aware, children under the age of 16 receive a free eye examination paid for by the National Health Service. If «FirstNames» requires glasses they will also be entitled to a voucher to help with the cost.

As children grow their vision changes rapidly, it is therefore important that we keep a check on these changes to ensure that they get the very best from their vision.

We now offer special lenses for all children's spectacles which are lightweight and provide almost unbreakable protection.

We look forward to seeing you both soon.

Yours sincerely

OPTICIANS NAME

OPTICIANS SIGNATURE