

## Appendix B: Physician Letter

SIGHT Program: Michigan Medicine, Kellogg Eye Center, 1000 Wall St., Suite, Ann Arbor, MI 48105

Date:

Dear Mr/Mrs. Patient Name,

Thank you for your recent participation in the SIGHT eye screening program. The main goal of the SIGHT program is to screen for visually significant eye conditions.

Based on review of your screening information and the pictures we took of your eyes, we recommend an in-person follow-up exam by an eye doctor to evaluate whether you have or do not have \*\*\* within \*\*\* amount of time.

When you return to see the SIGHT program staff, they will help you schedule the appointment you need with an eye doctor and make sure that you can afford the appointment's cost.

OR:

Based on the review of your eye information and the photos that were taken, we are happy to inform you that your eye screening exam shows you appear to be at low risk for vision problems. Your eyes are healthy for your age group and it is safe to follow up again for a screening eye exam as follows (drop down menu):

Age 40 and under, 5-10 years

Age 41-49, 3-4 years

Age 50-64, 2-3 years

Age 65+, 1-2 years

OR:

If you have diabetes, you are receiving this letter because your eye exam was normal or had very mild changes. You should follow up for a repeat screening in 2 years.

Please contact the SIGHT program if you have any questions (drop down).

Hope clinic phone: (734) 436-1186

Hamilton clinic phone: (810) 309-9378

We appreciate the opportunity to serve you.

Name and credentials of signing physician

Attending Physician, Ophthalmology, Kellogg Eye Center, University of Michigan

Screening and Intervention for Glaucoma and Eye Health, SIGHT program