The City of New York
Office of School Health

Michael R. Bloomberg
Mayor

Joel I. Klein
Chancellor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

Department of Education

Department of Health and Mental Hygiene

Date: ____________ (MM/DD/YY) 

Subject: 

Dear Parent/Guardian,

A child's vision is normal.

You should take your child to see an eye doctor for a full exam.

_____ An appointment (immediately)

_____ In three months

_____ In six months

_____ In one year

Free eyeglasses were prescribed for your child and may be picked up at:

_____________________________

(212) 513-0208, (212) 676-2508

310 Jay St.
Brooklyn, NY 11201

APPLICA.

Evelyn A. Castor, M.D.
Chief Vision Screener

Assistance is available in Bengali.

T&I 1766 pickup (Bengali)