



LUZERNE COUNTY  
CHILDREN AND YOUTH SERVICES

111 North Pennsylvania Boulevard Suite 110, Wilkes-Barre, PA 18701-3697  
(570) 826-8710 · Fax Number: 570-821-7355  
TDD (570) 825-1860

***VISION CHECK FORM***

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

DATE: \_\_\_\_\_

Current Medications:	Health Problems:	Allergies:
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the Doctor:

Please fill out this record of this visit. It will help insure that your directions are followed accurately.

Treatment: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications Prescribed:	Name	Times	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is a future visit required for this problem  Yes  No

Next Appointment: \_\_\_\_\_

Comments: \_\_\_\_\_

Physician's Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Optometrist's Signature

\_\_\_\_\_  
Optometrist's Printed Name