# Vision Screening Referral Follow-Up

Club Name _____ Date of Screening _____

| Child's First Name | Guardian's Name | Contact Phone Number | Date of Follow-up |
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Please return this form to: LOEB
P.O. Box 830
Ft. Worth, TX 76101

Or scan and e-mail to: info@loeb2e2.org

Revised 7/20/16