

NMLOKS REFERRAL FOLLOW UP FORM

Filled Out By Screening Team				Filled Out By School Nurse	
School Name & Screening Date	Referred Child's Name	Age	Problem Identified By Camera	Seen by Eye Doctor? (Y or N)	If YES, did child receive glasses? (Y or N)

Vision Problem Code: A - Astigmatism M - Myopia H - Hyperopia AN - Anisometropia
 AC - Anisocoria S - Corneal Reflex (Strabismus) NM - No measurement

PLEASE RETURN TO: BRENDA DUNN, Program Manager nmlionskidsight@gmail.com

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