



Benchmark Family Services

Anderson Regional Office
1750 E. 53rd Street
Anderson, IN 46013
765-284-3439
Fax 765-284-3467
www.benchmarkfamilyservices.org

Optical Appointment Report

Child's Name: _____ DOB: _____

Date of Appointment: _____

Providers Name: _____

Address: _____

Phone#: _____

Exam Information

Exam Only _____ Has Glasses, lens OK _____

Needs Glasses _____ Has Glasses, new lens necessary _____

Examination Findings and Treatment Recommendations:

Signature of Provider: _____ Date: _____

*Please return form to Benchmark Family Services