



OneSight

Patient Letter

# OneSight IT Operations

Patient Letter  
Clinic Operations  
User Guide

Jan-2022

## Overview

This document will go over the process of accessing and using the Patient Letter application.

## Patient Letter

Once you have searched for the patient you will be brought to the “Select Language” page.

### Select Language

Patient: **TRAIN TRAIN**

School: **Test Environment**  
Has Patient Worn Glasses : **No**  
RX Info: **RX PRESCRIBED - 2 Pairs Approved**

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Consent to Photograph: **No**

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Examining OD - **TRAINING**  
RX1 - RX Distance / Glasses prescribed to be worn for reading  
RX2 - RX Near / Glasses prescribed to be worn for reading

Registration Form Used: **WALK IN PAPER**

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**SELECT LANGUAGE =====>**  Glasses Pick Up Reference:

This page will give you a brief breakdown of the patient’s information. Please confirm this information is accurate.

Now, click on “Select Language” which gives you a drop down with the option of English or Spanish.

Next, click on “Glasses Pick Up Reference”. This will allow you to select if the patient will be waiting for their glasses, if they are picking up another day this week, or if they should be called when the glasses are finished.

Once you have selected the language and pick up option, click the blue button at the bottom labelled "Generate Letter".



Patient: TRAIN TRAIN  
From: Test Environment

A Licensed independent optometrist performed an eye exam on the above patient at a Onesight clinic today. The Results of the Exam are:

Glasses prescribed to be worn for reading

*The above patient received a dilated fundus exam as part of the eye examination performed by a licensed optometrist. A dilated fundus exam is a thorough exam of the peripheral retina aided by the use of topical dilating eye drops. This procedure is used to diagnose abnormalities of the retina such as detachments, tears, tumors, infections, hemorrhages and genetic abnormalities. The dilating drops will leave the pupils dilated for approximately four hours. During this time the patient may experience blurry vision and light sensitivity. Reading may be difficult during this time period.*

Notes from the Doctor:

\* Due to the charitable nature of this program, OneSight does not provide any breakage protection warranty on the glasses. OneSight will not replace glasses that are lost, stolen, or broken.

\* All of our children's glasses (12 years of age and under) include protective polycarbonate lenses which offer the greatest impact resistance available today. No lenses are unbreakable or shatterproof.

\* Proper care of your eyeglasses is essential to keep them looking and functioning great. The following care should be taken:

Wet the lenses using tap water and dry them with a cotton towel.

Never rest the eyeglasses face down on the lenses.

Keep the eyeglasses in their case when not wearing them.

Always take the glasses on and off with two hands (this will help them stay in proper adjustment).

SPECTACLE PRESCRIPTION: Date: 07/21/2021 Expires: 7/21/2022

Sphere	Cylinder	Axis	Add	Prism In	Prism Up
+0.00	-1.00	36	+1.50	None:	None:
+0.00	-1.50	114	+1.50	None:	None:

TRAINING  
111 Anywhere Street. Anywhere  
12345678. 123456789

This document will be sent to the parents and explains that the exam had taken place, when to follow up, notes from the doctor, the Rx of the patient, and some information about the lenses and how to care of them. Once you have confirmed this is the correct patient, click the "OneSight" logo at the top left to print out the document. You will get a print out of the patient letter/Rx and the tray ticket on separate pages. Place these in a tray and the patient will take that to product selection.