FLORIDA HEIKEN
Children's Vision Program
FOUNDED 1992

FAX COVER SHEET

FAX THIS FORM AND THE SIGNED PARENTAL CONSENT FORM TO 305-856-9840 / 1-888-980-8474

Date:_____

Attn: Florida Heiken Children's Vision Program Coordinator

Referring School/Camp/Agency:_____

County:_____

Contact Person:_____

Contact Person's Phone:_____ **Fax**:_____

Total Number of Students Referring:_____

Requesting (Choose One): _____**Voucher for in-office exam** _____ **Mobile Visit (15 minimum*)**

Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
___*15 minimum can be at one school or 2 schools within 5 miles of each other, please list schools in the vicinity__

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