



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

School/Camp/Our Kids: _____

County: _____

Contact Person: _____

Contact Person's Phone: _____ Fax: _____

Total Number of Students Referring: _____

Requesting (Choose One): _____ Voucher for in-office exam _____ Mobile Vision Unit Site Visit (15+)

Names of students being referred:

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