



**SAOA**

South African Optometric Association

TO WHOM IT MAY CONCERN,

**CONFIRMATION OF ESSENTIAL VISUAL SERVICES**

I hereby confirm that Mr....., ID number .....,  
has an appointment at my practice at .....(time) on .....(date) for a  
vision /eye condition related to essential visual services.

Mr..... is reliant on his/her partner.....,  
(name of partner), ID ..... for transportation to and from the practice  
as an invasive procedure will be done and it would not be advisable for Mr .....  
to drive home alone.

Should you require additional information you are welcome to contact me on .....

Regards,

.....  
OPTOMETRIST