



SCOLIOSIS REFERRAL LETTER

Date

Dear Parents/Guardians:

On _____, we wrote to you explaining that we would be conducting a Scoliosis Screening Program to detect possible spinal problems in children. A trained examiner inspected your child's spine and has recommended further evaluation by your family physician or pediatrician.

We would like to emphasize that it is important to have a complete examination to determine what kind of treatment, if any, is indicated.

If you do not have a physician, we suggest that you call your school nurse. She can assist you in making an appointment to receive proper follow-up and will give you information concerning services available for financial assistance, if needed.

The enclosed form should be presented to your physician at the time of your child's examination with the request that it be completed and returned to the school nurse as soon as possible. Thank you.

The importance of proper follow-up for this matter cannot be emphasized too much. Your cooperation is essential.

Sincerely,

School Nurse

Signature

Phone Number