



2019 VISION

Checklist

To be completed by your Eye Doctor at time of visit

PTI Engineered Plastics
50900 Corporate Drive
Macomb MI 48044
Tel: (586) 263-5100
HR Fax: (586) 203-4682
Contact: Talei Berger

RECOMMENDED PREVENTATIVE SCREENINGS

Patient Name: _____

**** No Results. Require ✓ check, date and initial only ****

VISION (Required every 2 years)

☐ Eye Exam _____
(date and initial)

☐ Glaucoma _____
(date and initial)

Eye Doctor Signature:

Date

Eye Doctor Stamp

DOCTOR SHOULD COPY
FOR PATIENT FILE.