*(PRINTED ON OFFICIAL SCHOOL LETTERHEAD)*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

Your child recently participated in the Postural Screening Program at our school. Based on the findings of this screening, ***we are recommending that your child be seen by a physician***.

This screening program is not a diagnostic service, but does identify potential postural problems, some of which may require medical attention. It is recommended that your child be seen by your family physician, pediatrician, or an orthopedist.

The National Scoliosis Foundation (www.scoliosis.org, 800-673-6922) can also assist you and/or your family physician or pediatrician in referral to a private orthopedic specialist for an examination. The National Scoliosis Foundation provides this referral service and offers information services free of charge.

I would be happy to assist you in setting up these examinations if you’d like. Please notify me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to let me know how you plan to follow up on this recommendation.

 *(phone number)*

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, School Nurse
 *(Printed Name) (Name of School)*