

EAST HARLEM
HEALTH OUTREACH PARTNERSHIP
WWW.EASTHARLEMHEALTH.ORG

EHHOP.CLINIC@MSSM.EDU
877.372.4161
ONE GUSTAVE L. LEVY PLACE, BOX 1216
NEW YORK, NY 10029

Date: _____

Patient Name: _____

Patient DOB: _____

To: LensCrafters OneSight Program

_____ is a patient seen at the East Harlem Health Outreach Partnership (EHHOP) Clinic at Mount Sinai (Tax ID #13-6171197). We have identified a clinical need for eyeglasses for this patient, but s/he is unable to pay for them at this time. S/he currently does not have health insurance coverage for eyeglasses. We would like to refer her/him to the LensCrafters One Sight Program for assistance in obtaining eyeglasses.

Thank you for your help in caring for this patient.

Please feel free to contact us with any questions.

Referring Provider's Name: _____

Signature: _____