Create the newsletter

1. Select Maintenance → Letter Templates - Newsletter

2. Select New Newsletter → enter letter name e.g. Myopia management and select OK
   A word document will open in a new window for editing.

3. Edit letter using our suggested templates. Save and close window.
4. Select Patient → Create Newsletter List

5. Right click in Letter Name field and select name of newsletter you have just created on the list → Enter filter criteria to create EDM recipient list → select OK

E.g. The criteria below capture patients between the ages of 3 and 18, with myopia between -0.50 to -10.00D whose last visit is specified in the dates below and has an email address on file:
6. A list of patients will be generated to receive the newsletter, from which the newsletters can be printed and posted or emailed.

Printing the newsletter for posting

1. Select Patient → Print Newsletter
2. The number of patients generated previously on the newsletter list will be shown. Select OK to print.

![Print Newsletter - data\Newslet](image)

3. Select **Print Newsletter Labels** for address labels to place on envelopes.

**Emailing the newsletter**

1. Click on **EMail** and enter email subject in **Email Message Heading** → select **Send EMail**

2. Select **Email** → enter details in **Email Message Heading** → select **Send Email**

   There is an option to attach extra information in the **Attachment** field if you wish to attach **The Australian and New Zealand child Myopia Report** downloadable from [www.childmyopia.com](http://www.childmyopia.com)
3. The column under *Printed* will indicate when email has been sent.

**Suggested Templates**

1. For parents of myopic children not currently undertaking myopia management

Dear parents of [name of child],

As you are aware, [name of child] is short-sighted (myopic) meaning objects further away are blurred. In recent years there has been a significant amount of research into myopia in response to a rapid increase in the number of children affected both here and overseas. This increase seems to be driven by modern lifestyles which have seen a decline in the time children spend outdoors, for example.

This is a concern because short-sighted eyes are more at risk of developing certain serious conditions and the risk increases with the level of myopia. This is why we want to ensure any myopia, which tends to increase while children are growing, is kept to the lowest possible level. Delaying the onset should also be useful in this regard.

We now have several ways in which we can reduce the rate of increase of myopia using specially designed contact lenses and glasses. It is increasingly the view of the eyecare professions that most myopic children should be undertaking a suitable form of myopia management while those at risk of becoming myopic are assessed and given advice to delay or prevent the onset.

Consequently, I recommend that [name of child] have their eyes tested again to see if their myopia can be managed more effectively.

Should you wish to learn more I suggest you visit these reputable websites and of course you are welcome to contact my colleagues or me with any questions: [www.mykidsvision.org](http://www.mykidsvision.org), [www.childmyopia.com](http://www.childmyopia.com)

Yours sincerely

[Optometrist]
2. For parents of children without a correction

Dear parents of [name of child]

As you are aware, when we tested [name of child] we pleasingly found no need for vision correction and hopefully this will remain the case. However, I want to make all parents aware of some important developments in the vision care of children.

In recent years there has been a significant amount of research into short-sightedness (myopia) the focusing error that causes objects further away to appear blurred. This is in response to a rapid increase in the number of children affected by myopia both here and overseas. This increase seems to be driven by modern lifestyles which have seen a decline in the time children spend outdoors, for example.

This is a concern because short-sighted eyes are more at risk of developing certain serious conditions and the risk increases with the level of myopia. This is why we want to ensure any myopia, which tends to increase while children are growing, is kept to the lowest possible level. Delaying the onset should also be useful in this regard.

We now have several ways in which we can reduce the rate of increase of myopia using specially designed contact lenses and glasses. It is increasingly the view of eyecare professionals that most myopic children should be undertaking a suitable form of myopia management while those at risk of becoming myopic are assessed and given advice to delay or prevent the onset.

Although [name of child] presently has no current need for vision correction, I recommend they have their eyes tested at regular intervals. This will allow us to look for any signs their eyes are changing and, if necessary, act at the earliest possible time to minimise the risk of becoming significantly myopic.

Should you wish to learn more I suggest you visit these reputable websites and of course you are welcome to contact my colleagues or me with any questions: www.mykidsvision.org, www.childmyopia.com

Yours sincerely

[Optometrist]

3. For adult patients who may or may not have kids/grandkids etc.

Dear [name of adult patient]

I want to make all of our patients aware of some important developments in the vision care of children.

In recent years there has been a significant amount of research into short-sightedness (myopia) the focusing error that causes objects further away to appear blurred. This is in response to a rapid increase in the number of children affected by myopia both here and overseas. This increase seems to be driven by modern lifestyles which have seen a decline in the time children spend outdoors, for example.

This is a concern because short-sighted eyes are more at risk of developing certain serious conditions and the risk increases with the level of myopia. This is why we want to ensure any myopia, which tends to increase while children are growing, is kept to the lowest possible level. Delaying the onset should also be useful in this regard.

We now have several ways in which we can reduce the rate of increase of myopia using specially designed contact lenses and glasses. It is increasingly the view of eyecare professionals that most myopic children should be undertaking a suitable form of myopia management while those at risk of becoming myopic are assessed and given advice to delay or prevent the onset.

Hence, we recommend that all children have their eyes tested at regular intervals from the time they start school if not before. This will allow us to look for any signs their eyes are changing and, if necessary, act at the earliest possible time to minimise the risk of becoming significantly myopic.

Should you wish to learn more I suggest you visit these reputable websites and of course you are welcome to contact my colleagues or me with any questions: www.mykidsvision.org, www.childmyopia.com

Yours sincerely

[Optometrist]