

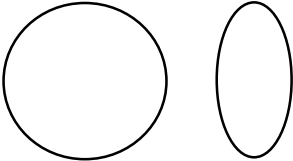
NICE GUIDANCE REFERRAL FORM

Patient	GP	Optometrist
Date of Birth	Address	Address
Address		
Post Code	Post Code	Post Code:
Tel No:		Tel No.

RIGHT

LEFT

Sph	Cyl	Axis	VA	Sph	Cyl	Axis	VA
Prism	Base	Add	Near VA	Prism	Base	Add	Near VA

<p>Findings:</p> <div style="text-align: center; margin: 20px 0;">  </div> <p>IOP: mmHg</p>	<p>Findings:</p> <div style="text-align: center; margin: 20px 0;">  </div> <p>IOP: mmHg</p>
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During a sight test I found Intra-Ocular Pressure above 21mmHg. In accordance with NICE guidance, I refer this patient to your care. I would be grateful if you would keep me informed as to the outcome of your assessments and any future management plan.

Signature:	Date:
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