

Your Referral

Your optometrist will discuss NHS treatment providers in your local area so you can consider what is right for you.

The choice is yours.



Your Name:

.....

Optician Name:

.....

Please tick treatment and eye as required:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Left Eye |
| <input type="checkbox"/> YAG | <input type="checkbox"/> Right Eye |
| <input type="checkbox"/> AMD | <input type="checkbox"/> Both Eyes |

I have discussed my choice of service providers/hospitals with my optician and I have chosen the following provider:

Treatment Provider Name:

.....

Treatment Provider Location:

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