

Referral from Optometry Practice to Pharmacist *

Optometry Practice: please complete this form and hand to patient with details of where to attend

Patient: Please hand this form into the Pharmacy

Dear Pharmacist

Please can you see this patient under the Common Ailments Scheme (CAS) ** for the following condition:

Dry Eye

Bacterial Conjunctivitis

Hayfever

Or

Please can you discuss options with this patient to purchase a product

Date:

Patient name:

Date of Birth:

Address:

Telephone number:

Dear Pharmacist

I have seen the above patient. I confirm that they have the following condition(s):

In: Both eyes

Right eye

Left Eye

Any further additional information:

I would appreciate it if you would have a consultation as indicated above.

Many thanks

Optometry practice name:

Optometry practice address:

Optometry practice contact telephone number:

Optometry practice email:

Optometrist name:

GOC number:

***Please note: consideration needs to be taken if attendance is appropriate and what other options may be suitable. Examples may include (but not limited to) COVID-19 pandemic, extreme weather conditions.**

Optometry practice notes:

**If you have referred to CAS, ensure the patient is suitable to have a consultation. Further information in the formulary: <https://casformulary.wales.nhs.uk/IndexAMG.aspx>

Make patient aware that they may not be able to be seen immediately and consider phoning the pharmacy to check.

Patient themselves need to attend if consultation is under CAS*

For signed orders please use a signed order form, not this one

Pharmacist:

You do not need to retain this form for your records; however, you may choose to do so. If you are disposing, please dispose confidentially.