## NHS LANARKSHIRE PHARMACY – OPTOMETRY OPTOMETRY - PHARMACY REFERRAL FORM



1)Patient Name and Address	GP Name and Address
DoB:	
Patient Telephone Number	Pharmacist Name
CHI Number(if known)	MAS Registered (mark as appropriate) Yes No
2) Presenting Signs / Symptoms / Duration	
3) Optometry Report	
S) Optometry Report	
4) Eye Drops Required and Duration (Reference to MAS ophthalmic medicine	
list)	
5)Optometrist Name	Optometrist Stamp
Optometrist Signature	Date

(Optometrist: For referral from a Community Pharmacist please complete parts 3, 4 and 5 and ask patient to return with form to the referring Community Pharmacy. For an Optometrist referral, complete entire form then ask patient to take to their own Community Pharmacist. In both instances please retain a copy in patient records).

(Community Pharmacist: complete parts 1 and 2 and give to the patient to take to the Optometrist, who will complete 3, 4 and 5 for return to Pharmacist. Retain a copy for seven years).