

GENERAL OPHTHALMIC SERVICE

This form is for routine notification to General Practitioners about Diabetic and Glaucoma Patients.

Diabetic Dilated Glaucoma
 Undilated

Please complete this form for the above categories after they have had an eye examination.

Please forward a copy to the patient's GP or via Patient Services who then forward it on to the patient's GP.

Patient's Name _____ Date of Birth _____

Address _____

Name and Address of GP _____

Visual Acuity			
Right Eye		Left Eye	
Without Rx	With Rx	Without Rx	With Rx
Intra Ocular Pressures			

Additional Comments

Name and Address of Optometrist

- The above patient was examined today
- Glasses were prescribed for distance/reading
- No change in prescription

Signature of Optometrist _____ Date _____