

**Glaucoma referral refinement scheme**  
**Pre and post cataract**  
**Payment claim and Consent form**

**Patient Details:**

Name:	D.O.B:
Address:	

**GP Details**

Name:
Practice Address:

**Optometrist Details**

Name:
Practice address:

**Patient declaration and consent to audit**

<b>I consent to information about my eye examination being collected for audit purposes to ensure best practice amongst Optometrists.</b>
Patients Signature .....
Date:

**Optometrists sign off**

Name:
Signature:
Date:

Practice stamp:

Please send completed forms to:  
Cataract Scheme Administrator  
4th Floor, F Mill  
Dean Clough  
Halifax  
HX3 5AX