



OPHTHALMOLOGY REFERRAL FORM

Referring practice details	Referring Veterinary Surgeon
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Phone no	Fax no	Email
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Referral letter to be sent by	email	letter	both
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Appointment type	Very urgent- same day appointment	Urgent- next day appointment	Normal- next available appointment	Advice only- no appointment
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Where to refer	ICR Edinburgh Every Tuesday, Thursday and OOH
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CLIENT DETAILS

Mr/Mrs/Miss/Ms/Dr	Name	Surname
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Address

Telephone	Home	Work	Mobile
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PATIENT DETAILS

Name	Species	Breed
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Age	M MN F FN	Insured: Y/N	Insurance company Date taken the insurance
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MEDICAL DETAILS

General Health				
Eye History				
Present Eye Problem				
Eye treatment				
Case Notes	Email	Owner bringing	Posted	Not Available

Ophthalmology telemedicine is an advisory service and clients and vets need to be aware that I might not be able to provide a diagnosis, treatment and I might need to recommend a referral to an ophthalmologist.

Please tick if you agree.

My recommendations are based on the vet clinical history, clinical findings and quality of picture, my recommendation are purely advisory and the responsibility of the case lies within the Veterinary Surgeon.

Please tick if you agree.