Sample discharge letter

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NHSScotland glaucoma discharge form

Dear Optometrist,			Date:/20	
Name:	DOB:	CHI Number	r	
Address:	Tel:			
	Email:			
The above named patient has been discharged	I from			
The findings from their last examination (date.				
	Righ eLeft eye Dia gnosis and date			
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b f diagnosis				
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cular medication Central corn				
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en 🛮 losed 🗷 ntraocular pressure (mm Hg (
average of 2 measures), time; ton ometer type) Glaucoma surgery or laser proc				
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r@paticlrobattee) (Disc Damage Lik				
elihood Scale) Consider including				
Vigital freligesclate, technol		lo		
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I Index) Consider including visual field plots Com				
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ments eg medication allergies/adverse reactions l w	ouid be grate	etui it you could m	nonitor this patient at the following revi	iew intervai;
. •intraocular plæssere æfæeids .				
. •change.in.optimdisdgppear				
pea recatabderepeatable visual field defe	ect. If you requ	uire any further in	formation (or if at a future date you	
ance or feel further glaucoma assessment is necessary) please conta	act		
Yours.sincerely, Di				
(add tel and email) – tel, email)				