The Ocular Prosthetics Department Phone: 020 7566 2478

Moorfields Eye Hospital www.moorfields.nhs.uk

162 City Road

London

EC1V 2PD.

**Completed forms can be posted or emailed to: moorfields.ocularprosthetics@nhs.net**

Please arrange an appointment for the following patient to be seen in your department at City Road:

Title:……….. Surname:…………………………….. First name(s):………………………......................

Date of birth: ­\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ NHS number:………………………………………

Home address:

Phone (home): ……………………………………….. Phone (mobile): ………………………………….

Name and address of GP:

|  |
| --- |
| **Please tick which type of prosthesis this patient requires** |
| Temporary prosthesis |  |
| New definitive artificial eye |  |
| Cosmetic shell |  |
| Facial prosthesis |  |
| Other (please clarify): |

GP telephone number:…………………………………………

Date of surgery (if applicable):………………………………

Nature of surgery (if applicable):……………………………

Any additional surgical notes, eg size and type of implant:

Title, full name and address of referrer:

Signature and date of referral:

……………………………………… Date:…………………

OCP FRM 1 Cross-Referenced in Primary Document: QP 2