**OPTOMETRIC ENHANCED SERVICES**

**SUPPLY ORDER FORM**

|  |  |
| --- | --- |
| **Contact Name:** |  |
| **Provider/Practice:** |  |
| **Address:** |  |
| **Tel No:** |  |

Please supply the following forms to the address stated above:

|  |  |
| --- | --- |
|  | **Office Use Only** |
| **Item Code** | **Description** | **Quantity** | **Sent** | **To Follow** |
| ACES1 | ACES Patient Information |  |  |  |
| ACES2 | ACES Flashes & Floaters |  |  |  |
| BLEPH | Blepharitis Patients Leaflet |  |  |  |
| CAT | Cataract Operation Decisions Explanatory Leaflet |  |  |  |
| IOP  | Intra-Ocular Pressure Referral Refinement Service Leaflet  |  |  |  |
| OHMS | Ocular Hypertension Monitoring Service |  |  |  |

|  |
| --- |
| Completed order forms to be sentto:**Administrator, Referral Management Centre****Mallard Court, Express Park****Bristol Road, Bridgwater****Somerset****TA6 4RN****Fax: 01278 727431**Please allow **ten working days** for the completion of your order from the date received by these offices.For queries contact **01278 727442** (please note that telephone orders **cannot** be accepted).  |

**OTHER ITEMS**

* For all other **CCG Enhanced Services** item requests please contact us via email at enhancedservices@somersetccg.nhs.uk.
* For all **General Ophthalmic Services** item requests please use the **GOS BD8** form supplied by NHS England; contact 01278 726964 or england.bnsssg-eyehealth@nhs.net for queries.