

OCULAR HYPERTENSION SERVICE

RESOURCE PACK

1	Optometric Patient Record Card
2	Discharge Forms from MPH, RUH, YDH
3	Fax Receipts from MPH, RUH, YDH
4	Discharge Summary Request MPH, RUH, YDH
5	Discharge Letter to GP
6	Cessation of Treatment Letter to GP
7	IOP-only Outcome Audit Form
8	Quarterly Reporting Form
9	Equality & Diversity Monitoring Form
10	Patient Leaflet
11	Service Specification with Patient Referral and Pathway Flowchart
12	Payment Claims Forms
13	Incident Form
14	List of Participating Practices – <i>to follow</i>

Most of these documents are available electronically on request