PRACTICE	Name	
	Location	
CONTRACTOR	Name	
PERFORMER	Name	
	Number	

NHS West Sussex

Glaucoma Referral Refinement Enhanced Service Contract

PAYMENT REQUEST SHEET

Patient Details				Initial Reading				Reading 2				Reading 3			
Name	M/F	Dob	GP Practice code	Date	Pressure L	Pressure R	Outcome	Date	Pressure L	Pressure R	Outcome	Date	Pressure L	Pressure R	Outcome

Signature ……

Date ……

Page of

Position ……

Send completed forms to:
The Dental and Optometry Team, 36-38 Friars Walk, Lewes, BN7 2PB
Safe Fax No. 01273 403549

Form OP1W