

<i>General Practitioner Details:</i>	<i>Patient Addressograph label, or,</i> <i>Name:</i> <i>DoB:</i> <i>Address:</i>
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*date*

Dear Dr

Your patient was seen with an eye problem under the Lothian Eye Health Network.  
Please find the outcome of the examination below.

Regards,

\_\_\_\_\_  
optometrist

## Action required

- |   |  |
|---|--|
| <input type="checkbox"/> none/treated & discharged                                  | <input type="checkbox"/> please prescribe as below                           |
| <input type="checkbox"/> referred to ophthalmology<br>see copy of referral enclosed | <input type="checkbox"/> referred back to you<br>see notes below for details |

diagnosis

treatment

notes