



MEMO 1

OPTOMETRY NOTIFICATION OF CCG REFERRAL

FOR INFORMATION ONLY - NO ACTION REQUIRED

Dear Doctor/GP Practice

Date:

I have referred your patient

Name:

Date of Birth:

Health and Care Number:

To: _____ at the _____ today
(Speciality) (Health & Social Care Trust)

via CCG because of:

Should you wish to view this referral it can be accessed on the patient's ECR but **no action is necessary**.

Yours sincerely

Optometrist

Practice Stamp/Details