

RNIB

Northern
Ireland

See differently

ECLO Optometry Referral Form

Please send to:

ECLONI.Mailbox@rnib.org.uk

RNIB Northern Ireland

Victoria House, 15-17
Gloucester Street, Belfast
BT1 4LS

rnib.org.uk/northernireland

RNIB Helpline: 0303 123 9999

rnibni@rnib.org.uk

Patient Details Name: Address: Postcode: Tel. Home: Tel. Mobile:		GP/Medical Practitioner Name: Address: Postcode: Tel: Email	
Date of Birth			
Visual Acuity	LE		RE
Eye Condition			
Concerns / Additional Needs			
Optometry Contractor Practice Name: Address: Postcode: Tel No: Practice HSCNI Email*:		Optometrist signature: GOS Code: Date: Patient's Signature: Patient aware they are being referred to RNIB and consent to this? Y / N	

Royal National Institute of Blind People

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