



NI PEARS Prescription Request Form

Patient Details	Optometric Practice Details
Name:	NI PEARS Accredited Optometrist:
DOB:	Personal Code:
Health and Care Number:	Practice:
Address	GP Details
	GP Name:
Tel No:	GP Practice:

REQUEST FOR A PRESCRIPTION TO BE ISSUED BY A GP

The above patient attended for a NI PEARS assessment today and has been diagnosed with _____

The following ophthalmic preparation has been recommended to treat the condition. **Please prescribe the following ophthalmic preparation for use as directed.**

Anti microbial Preparation	Please tick	Dry Eye Preparation (optometrist to recommend from NI Formulary)	Please tick
Chloramphenicol drops 0.5%	<input type="checkbox"/>		<input type="checkbox"/>
Chloramphenicol ointment 1%	<input type="checkbox"/>		<input type="checkbox"/>
Mast cell stabilizer	<input type="checkbox"/>	Other Treatment – please detail below	<input type="checkbox"/>
Sodium Chromoglicate	<input type="checkbox"/>		<input type="checkbox"/>

Directions for use: _____

*The patient will be reviewed at the above optometric practice in _____ days.

*The patient will not be reviewed at the above practice.

* **delete as appropriate**

Signed: _____

Date _____

NI PEARS Accredited Optometrist