

R N I B

Northern
Ireland

See differently

ECLO Optometry Referral Form

Please send to:

ecloreferrals@belfasttrust.hscni.net or 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
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Date of Birth	
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Visual Acuity	RE		LE	
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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
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Royal National Institute of Blind People

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