Practice Code

2026 Sight Test and Ophthalmic Public Health Survey

The following Practice information is required.

This sheet only needs to be completed **once** by the Practice

1) Specialist Ophthalmic Equipment in the Practice.

   Please indicate if the following equipment is in your practice.

Specialist Ophthalmic Equipment	*Yes or No*	*Make/model of OCT equipment*
OCT		
Ophthalmic Photography – Anterior		
Ophthalmic Photography – Fundus		

2) Practice opening days and hours

   Please indicate each day that the practice is (i) open and (ii) offers late night opening hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Is the Practice open?							
Is there late night opening?							

3) How many missed appointments have there been during this week?