

# Referral from Optometrist to Pharmacist:

Signed order for pharmacist to provide drops under the common ailment scheme/Choose Pharmacy

Date

[Practice name and address]

[Patient name and address, and date of birth if under 16]

Dear pharmacist

Please can you supply

for the person named above. To be used  times per day for  days in the  eye(s)

The patient will be seen again for a follow-up appointment in  time.

Many thanks

Optometrist name

GOC number

**Note:** Make patient aware that there may be a delay in the pharmacy while waiting for a suitable pharmacist and/or a consultation room to become available.

