

## REFERRAL REFINEMENT FEE CLAIM FORM

<b>Patients Name:</b> <b>Address:</b>  <b>D.o.B:</b>  <b>Tel No:</b>	<b>Optometrist Name:</b> <b>Address:</b>  <b>Tel No:</b>  <b>Contractor's Number: Co-</b>
---	--

I confirm that I have examined this patient and:  
(Please tick as appropriate)

- |    |   |                          |
|----|---|--------------------------|
| 1. | Completed a Referral Refinement examination                                       | <input type="checkbox"/> |
| 2. | Given information leaflet to the patient  | <input type="checkbox"/> |
| 3. | Completed the Referral Refinement Form  | <input type="checkbox"/> |
| 4. | Confirmed that the patient's GP practice is on the NHS Bradford and Airedale list | <input type="checkbox"/> |
| 5. | I claim the fee: Referral Refinement (Tier 1)                                     | <input type="checkbox"/> |
|    | Referral Refinement (Tier 2)  | <input type="checkbox"/> |
|    |   | £15.00                   |
|    |   | £42.00                   |

### PATIENT DECLARATION

I certify that I have attended a second appointment.

Name (please print):	
Signature:	Date:

**Please complete and retain this form in the patient's record**