

**DIVISION OF SURGERY &  
ANAESTHESIA: OPHTHALMOLOGY**

Date: **[date]**

**[Consultant's name]**  
Ophthalmology Dept  
Bradford Royal Infirmary  
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BD9 6RJ  
Tel: 01274 364117  
Fax: 01274 382509  
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Enquiries on this matter should be made to: Miss Sunita Das  
Tel: 01274 383153 (Mon + Thurs 8.00am –12noon)  
Fax: 01274 366768  
Email: [Sunita.Das@bthft.nhs.uk](mailto:Sunita.Das@bthft.nhs.uk)  
Our Ref: /sd/Hosp No:  
NHS No:

**[Optom name and address]**

**DEPARTMENT OF OPHTHALMOLOGY  
OCULAR HYPERTENSION MONITORING SCHEME (OHTMS)**

Dear Optometrist

Re:  
DOB:  
Address:  
To be seen:

Please enter the above patient onto the Ocular Hypertension Monitoring Scheme.

Enclosed are the OHTMS referral details and copies of relevant clinical information.

This patient is now discharged from the hospital eye clinic and remains under your care. However if any glaucomatous changes become apparent, please refer them directly back to the Glaucoma Assessment Clinic at the Ophthalmology Dept.

**NB In the event of re-referral to the Eye Clinic, PLEASE REFER DIRECT AND DO NOT GO VIA THE GP**

Yours sincerely

S. Das (Miss)  
OHTMS/GMS Secretary

Encls: OHTMS referral and copy of latest field test etc