

**DIVISION OF SURGERY &
ANAESTHESIA: OPHTHALMOLOGY**

Date: **[date]**

[Consultant's name]
Ophthalmology Dept
Bradford Royal Infirmary
Duckworth Lane
Bradford
BD9 6RJ
Tel: 01274 364117
Fax: 01274 382509
www.bradfordhospitals.nhs.uk

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
Our Ref: /sd/Hosp No:
NHS No:

[GP name and address]

DEPARTMENT OF OPHTHALMOLOGY
OCULAR HYPERTENSION MONITORING SCHEME (OHTMS)

Dear Dr **[name]**

Re: **[Patient details]**

This is to confirm that the above patient has been discharged from the Eye Clinic and registered onto the Ocular Hypertension Monitoring Scheme, to be seen by:

[optom's details]

At annual intervals commencing **[start date]**

You will receive a copy of the report for your records from each OHTMS visit with the optometrist, but no action will be required by yourself. If the patient needs to be referred back to ophthalmology, the optometrist will arrange this direct with the hospital.

For ease of administration at your surgery, please attach READ CODE **XE2a7** to the patient's electronic record. This will identify the patient as being diagnosed with OHT and registered on the OHTMS. This can act as an alert that the patient DOES NOT require referral to the Hospital Eye Service if the patient ever attends an alternative optometrist to that named above and is referred to your practice due to raised intra ocular pressure.

If the patient has been prescribed eye drops, please continue to keep these supplied in the usual way.

If the patient fails to attend their OHTMS review appointment you will be informed.

With many thanks

Yours sincerely

S. Das (Miss)
OHTMS Secretary
Enc Copy of OHTMS referral / discharge information sheet