

Ocular Hypertension Monitoring Scheme CONSENT FORM

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

I confirm that this patient is part of the OHTMS and I have:

1. Completed a OHTMS review examination
2. Completed the OHTMS report form and sent copies to the patient and their GP
3. Confirmed that the patient's GP practice is on the NHS Bradford and Airedale list
4. I claim the fee for the OHTMS Review appointment of £50.00

PATIENT DECLARATION

I certify that I have attended an OHTMS Review appointment.

Name (please print)	
Signature:	Date:

Please complete and retain in the patients record