



## Referral & Transfer of Care Form

## **Email to:**

eyecare.medical@nhs.net (Only from an NHS email account)

Fax to: 01625 440 002

If you do not receive a faxed or emailed confirmation within 1 working day please phone us on 01625 511 359.

We accept patients both newly diagnosed and currently under treatment. Appointment and treatment offered within two weeks of referral.

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