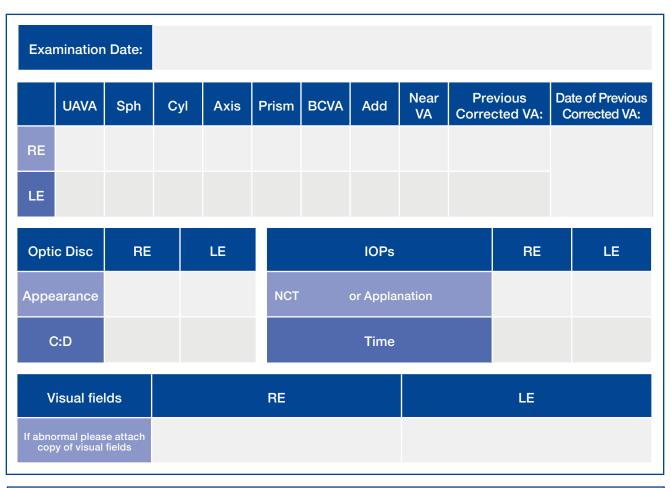
ACES Referral Form





Referral For (please tick):							
	Cataract	PCO (YAG)	Glaucoma	Oculoplastics / Lacrimal	General (other)		
RE							
LE							



Additional information required for eye with cataract and better than 6/12 BCVA: Symptoms / Symptoms / Yes No Yes No Conditions Conditions Glare, Haloes or Anisometropia **Starbursts Co-existing Eye** Employment Problems Condition(s) **Refractive Shift Reading Difficulty** due to Cataract

Additional Information:			
Signed:	GOC / GMC Number: his form to acesreferrals.birmingha	Date: m@nbs.net	