Dear Pharmacist

Please can you see this patient under the Common Ailments Scheme (CAS) \*\* for the following condition:

Dry Eye 🞎

Bacterial Conjunctivitis 🞎

Hayfever 🞎

Or

Please can you discuss options with this patient to purchase a product 🞎

Date:

Patient name:

Date of Birth:

Address:

Telephone number:

Dear Pharmacist

I have seen the above patient. I confirm that they have the following condition(s):

In: Both eyes 🞎 Right eye 🞎 Left Eye 🞎

Any further additional information:

I would appreciate it if you would have a consultation as indicated above.

Many thanks

Optometry practice name:

Optometry practice address:

Optometry practice contact telephone number:

Optometry practice email:

Optometrist name:

GOC number:

**\*Please note: consideration needs to be taken if attendance is appropriate and what other options may be suitable. Examples may include (but not limited to) COVID-19 pandemic, extreme weather conditions.**

**Optometry practice notes:**

\*\*If you have referred to CAS, ensure the patient is suitable to have a consultation. Further information in the formulary: https://casformulary.wales.nhs.uk/IndexAMG.aspx

Make patient aware that they may not be able to be seen immediately and consider phoning the pharmacy to check.

Patient themselves need to attend if consultation is under CAS\*

For signed orders please use a signed order form, not this one

**Pharmacist:**

You do not need to retain this form for your records; however, you may choose to do so. If you are disposing, please dispose confidentially.