

NI PEARS Prescription Request Form

Patient Details	Optometric Practice Details
Name:	NI PEARS Accredited Optometrist:
DOB:	Personal Code:
Health and Care Number:	Practice:
Address	GP Details
	GP Name:
Tel No:	GP Practice:

REQUEST FOR A PRESCRIPTION TO BE ISSUED BY A GP

The above patient attended for a NI PEARS assessment today and has been diagnosed with _____

The following ophthalmic preparation has been recommended to treat the condition.
Please prescribe the following ophthalmic preparation for use as directed.

Anti microbial Preparation	Please tick	Dry Eye Preparation (optometrist to recommend from NI Formulary)	Please tick
Chloramphenicol drops 0.5%			
Chloramphenicol ointment 1%			
Mast cell stabilizer		Other Treatment – please detail below	
Sodium Chromoglicate			

Directions for use: _____

*The patient will be reviewed at the above optometric practice in _____ days.

*The patient will not be reviewed at the above practice.

* **delete as appropriate**

Signed: _____

Date _____

NI PEARS Accredited Optometrist