

# Sample discharge letter

## NHSScotland glaucoma discharge form

Dear Optometrist,

Date: ..... / ..... / 20.....

|          |        |            |
|----------|--------|------------|
| Name:    | DOB:   | CHI Number |
| Address: | Tel:   |            |
|          | Email: |            |

The above named patient has been discharged from .....

The findings from their last examination (date.....)

|  | Right eye | Left eye | Diagnosis and date |
|--|-----------|----------|--------------------|
| Visual acuity  |           |          |                    |
| Visual field   |           |          |                    |
| Intraocular pressure (mm Hg (average of 2 measures), time; tonometer type) |           |          |                    |
| Glaucoma surgery or laser procedures (procedures)                          |           |          |                    |
| Disc Damage Likelihood Scale) Consider including                           |           |          |                    |
| Visual field (date, technology and G                                       |           |          |                    |
| Consider including visual field plots                                      |           |          |                    |

I would be grateful if you could monitor this patient at the following review interval;...

.....

• ...intraocular pressure effects.

• change in optic disc appearance

• repeatable visual field defect. If you require any further information (or if at a future date you

please contact

.....

Yours sincerely, Di

.....(add tel and email)

- tel, email)

General Practitioner