

**Cheshire West, Central Cheshire, Ellesmere
Port & Neston, Warrington & Halton PCTs**
Cataract Referral Claim Form

Use 1 form for EACH PCT Group to whom you have referred patients. Fax to the relevant PCA centre.

PCT Responsible for these patients	Central Cheshire	Fax 01270 619183	tick
	Cheshire West or Ellesmere Port & Neston	Fax 0151 3734949	
	Warrington or Halton	Fax 01928 520371	<input checked="" type="checkbox"/>

0151 495 9251

Patient's Name	DoB	Date Referred

Total Number of Referrals Claimed	
--	--

Date _____

Signed _____

Practice Stamp