

## Cataract Assessment Service

### **This letter requires your ACTION**

Following your recent visit to your GP/Optomtrist you have been referred to us to arrange a Cataract Assessment. You will be offered at least 2 choices of service to attend.

So that we are sure to have the details about your referral from your GP/Optomtrist, please could you call the number below to agree the place, time and date of your appointment within one working day? We will then send you written confirmation of the agreed date and time.

**Cataract Patient Choice Telephone Number:**

**For Cataract 0151 443 4849/4850/ 4851**

The best time to contact the office is between 9am and 8pm Monday – Friday and 10am to 3pm Saturday.

If we do not hear from you within 2 weeks, we will send you a reminder letter. If you do not call us within 2 weeks of receiving the reminder, we will assume that you no longer wish to proceed with your test and will inform your GP (General Practitioner), as well as your Optometrist (Optician).

**Write your admission details here:**

**Day & Date:**

**Time:**

**Service:**

**Location:**