NHS

Rotherham Clinical Commissioning Group

OHT Refinement Scheme

Patients Tested using Applanation Tonometer **but not referred** to Secondary Care.

Optometrist Practice: ..... Month: .....

Patient Name *(Forename and Surname)*	**Registered GP Practice**	**Test Date**	**Pressure at 1st test**	**Pressure at 2nd test**
			R L	R L
			R L	R L
			R L	R L
			R L	R L
			R L	R L
			R L	R L
			R L	R L
			R L	R L
			R L	R L
			R L	R L
			R L	R L
			R L	R L
			R L	R L
			R L	R L

Please Fax this form to the Rotherham Clinical Commissioning Group - Quality Assurance Team on 01709 302794