



This Optometrist is providing NHS emergency eye services in the COVID-19 pandemic situation.
We would be grateful if you could prescribe the medication as recommended below.

Signed order

Date	
Practice name and address	
Patient name and address	
Patient date of birth if <16 yrs	

Dear Doctor, Please can you prescribe:	
To be used:	times a day for days in the eye.
The patient will be seen again for a follow-up appointment in	time.

Many thanks

Optometrist name

GOC number
