



Date: _____

Glaucoma Workup Referral Form

From: _____

Address: _____

Tel: _____

**To: Optometry Clinic,
School of Optometry, Room A034, The
Hong Kong Polytechnic University**

e-submission: <https://polyu.hk/wmHZd>

Tel: 2766 5225

Fax: 2362 5440



Patient name: _____

Gender: M / F

Age: _____

Your Ref: _____

Tel: _____

I would like to refer the above patient for the following assessment(s):

Clinical Procedures

Assessment Fee

- | | |
|--|------------|
| <input type="checkbox"/> Structural evaluation (A):
<input type="checkbox"/> Heidelberg Optical Coherence Tomography (OCT) or
<input type="checkbox"/> Zeiss Cirrus OCT ^a | HK \$1,800 |
| <input type="checkbox"/> Functional evaluation (B):
➤ Visual Field -- Humphrey Field Analyzer (HFA) | HK \$1,100 |
| <input type="checkbox"/> Intraocular pressure measurement (C):
➤ Applanation tonometry and
➤ Central corneal thickness measurement | HK \$450 |
| <input type="checkbox"/> Glaucoma workup (A+B+C) | HK \$2,500 |

Spectacle Prescription:

	Sphere	Cylinder	Axis	Add
RE				
LE				

Specific remarks: _____

a: Please select one OCT or our staff optometrist will help to determine.

Notes:

1. An updated subjective refraction result must be provided by the referring practitioner before the assessment
2. Unless otherwise stated, HFA will be performed with Central 24-2 threshold SITA FAST, white-on-white testing condition.
3. A written report, enclosed with the relevant printouts, will be sent to the referring practitioner within 14 working days after the consultation.

(Optometrist/ Ophthalmologist)