



Date: _____

Lid Crutch Fitting 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 lid crutch fitting on

One eye (Right / Left) \$800

Both eyes \$1,600

Spectacle Prescription:

	Sphere	Cylinder	Axis	Add
RE				
LE				

Specific remarks: _____

Notes:

1. An updated prescription shall be provided by the referring practitioner.
2. If the prescription is not available, The Optometry Clinic may request the patient to check refractive errors in our clinic if necessary.
3. The fee of lid crutch fitting does not include the spectacle frame or lenses.

(Optometrist/ Ophthalmologist)