

Date:

Glaucoma Workup Referral Form

From:

Address:

Tel:

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

Email: optclinic.appt@polyu.edu.hk

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): | HK \$1,600 |
| <input type="checkbox"/> Heidelberg Optical Coherence Tomography (OCT) or | |
| <input type="checkbox"/> Zeiss Cirrus OCT ^a | |
| <input type="checkbox"/> Functional evaluation (B): | HK \$1,000 |
| ➤ Visual Field -- Humphrey Field Analyzer (HFA) | |
| <input type="checkbox"/> Intraocular pressure measurement (C): | HK \$450 |
| ➤ Applanation tonometry and | |
| ➤ Central corneal thickness measurement | |
| <input type="checkbox"/> Glaucoma workup (A+B+C) | HK \$2,300 |

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)