

Date: _____

High Myopia Assessment 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):

<u>Clinical Procedures</u>	<u>Assessment Fee</u>
<input type="checkbox"/> Full High Myopia Assessment (including SD-OCT imaging, automated perimetry and axial length measurement)	HK \$2,300
<input type="checkbox"/> SD-OCT imaging + Axial length measurement	HK \$1,600
<input type="checkbox"/> Automated perimetry + Axial length measurement	HK \$1,000
<input type="checkbox"/> + Dilated fundus examination	+ HK \$450

Manifest subjective refraction / spectacle prescription*:

	Sphere	Cylinder	Axis	VA	Add
OD					
OS					

* Delete as appropriate

Specific remarks: _____

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. SD-OCT imaging includes scanning on macular and peripapillary regions. Scanning patterns, unless specified by the referring practitioner, are subject to our specialist's decision.
4. A written report, enclosed with the relevant printouts, will be sent to the referring practitioner within 14 working days after the consultation.

(Optometrist/ Ophthalmologist)