

Date: _____

Lid Crutch Fitting Referral Form

From:

Address:

Tel:

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

Email: optclinic.enquiry@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 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. Above price of lid crutch fitting does not include the spectacle frame and lenses.

(Optometrist/ Ophthalmologist)