Addenbrooke's Hospital NHS
Cambridge University Hospitals NHS Foundation Trust

ADDENBROOKE'S DIRECT CATARACT REFERRAL SCHEME CLAIM FORM

Date of Test	Patient's Full Name	Hospital No. / NHS No.

NUMBER OF DIRECT REFERRAL CLAIMS	
TOTAL CLAIM VALUE (£30 PER ASSESSMENT)	

Practice Stamp / Details

Declaration
An accredited optometrist has carried out the cataract assessment on the patients listed above.

Signature: _____ Date: _____

Name & position: _____

Please send claim form **along with** referral forms to:
Cataract Scheme - Box 86,
Addenbrooke's Hospital, Hills Road,
Cambridge, CB2 0QQ