Addenbrooke's Hospital NHS
Cambridge University Hospitals NHS Foundation Trust

ADDENBROOKE'S POST-OP ASSESSMENT SCHEME CLAIM FORM

Date of post-op	Patient's Full Name	Hospital No. / NHS No/ DOB if no hospital number available

Practice Stamp / Details

NUMBER OF POST-OP ASSESSMENT CLAIMS	
TOTAL CLAIM VALUE (£20 PER ASSESSMENT)	

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

Signature: _____ Date: _____

Name & position: _____

Please send claim form **with patient details completed (Full name and DOB as a minimum) to**

Cataract Scheme - Box 86,
Addenbrooke's Hospital, Hills Road,
Cambridge, CB2 0QQ