

## **Cambridge University Hospitals NHS Foundation Trust**

## ADDENBROOKE'S DIRECT CATARACT REFERRAL SCHEME CLAIM FORM

Date of pre- op	Patient's Full Name	N	Iospital No. / NHS Io./DOB if no hospita Iumber known
•			
	DIRECT REFERRAL	Practic	e Stamp / Details
NUMBER OF I CLAIMS TOTAL CLAIM (£40 PER ASS	I VALUE	Practic	e Stamp / Details
CLAIMS TOTAL CLAIM	I VALUE	Practic	e Stamp / Details
CLAIMS  TOTAL CLAIM (£40 PER ASS	I VALUE		- ,
CLAIMS  TOTAL CLAIM (£40 PER ASS	I VALUE ESSMENT)	assessment on the pa	- ,
CLAIMS  TOTAL CLAIM (£40 PER ASS	I VALUE ESSMENT) etrist has carried out the cataract	assessment on the pa	- ,

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