

VIEWPOINT VISION SERVICES LTD
(Please fill out and return in the envelope provided)

In order to assess which kind of surgery you may be suitable for I will be grateful if you would kindly provide the following information and ask your optometrist (optician) to complete the section marked 'current spectacle prescription'. It is important to fill in the section marked 'current visual acuity with spectacles'. Your optometrist will have this information. Please return the form to:

Mr Deepak K Chitkara
Viewpoint Vision Services Ltd
Ground Floor Suite B
Adamson House
Pomona Strand
Old Trafford
Manchester M16 0TT
E Mail: info@viewpointvision.com

BLOCK CAPITAL PLEASE

Title Mr/Mrs/Miss/Ms/Other _____
Name _____
Address _____

Telephone _____ Mobile _____
E mail _____ Fax _____

Name of GP _____ **Name of Optician** _____
Address _____ Address _____

Tel: _____ Tel: _____

Date of Birth _____ Age _____
Occupation _____ Driver Y/N _____
Hobbies _____

Current Spectacle Prescription

R _____ L _____

Current Visual Acuity with Spectacles

R _____ / _____ L _____ / _____

Are you in good general health?

Yes/No

If No, Please give details

Do you have any allergies?

Yes/No

If Yes, please give details

Do you take any tablets or medicines?

Yes/No

If Yes, please give full details

Have you had any medical problems in the past (including any form of surgery and any history of psychiatric disorders)?

Yes/No

If Yes, please give full details

Have you had any eye problems in the past which have required medical attention or surgery?

Yes/No

If Yes, please give full details

Have you previously attended a laser eye clinic?

Yes/No

If Yes, please state name and location
