

## Primary Care request for specialist opinion

### Epiphora

Children with epiphora should continue to be referred as normal.

Adult patients should only be referred by GPs if one of the following is present:

<input type="checkbox"/>	Nasolacrimal duct obstruction causing distension of the lacrimal sac, i.e. a dacrocystocoele which would be prone to recurrent infection <b>OR</b>
<input type="checkbox"/>	Constant daytime clear watering causing tears to run down the face and severe enough to impair vision on a daily basis, causing smearing on glasses <b>OR</b>
<input type="checkbox"/>	Symptoms of persistent clear watering plus 3 episodes of infection or sticky discharge within 12 months.

**Section A: Please select which of the indications below are applicable to your patient:**

**Criteria for surgery:**

	Condition	Procedure
<input type="checkbox"/>	Punctal stenosis	Punctocanaliculoplasty
<input type="checkbox"/>	Watering without obvious cause for watering, e.g. ectropion	Syringing
<input type="checkbox"/>	Significant duct narrowing/stenosis	Dacryocystorhinostomy

**All applications should be submitted with the referral letter.**

I confirm that this patient meets the criteria as indicated above

### Section B: Extenuating circumstances

If the patient does not fulfil the above criteria an application may still be submitted on the grounds of extenuating clinical circumstances. Please provide details in the box below:

Please note that non-compliant referrals will be clinically reviewed by a CCG clinician, in the first instance, who will make a recommendation as to whether the referral has demonstrated sufficient evidence of extenuating circumstances, or not. For those referrals where sufficient

evidence of extenuating circumstances has **not** been demonstrated, the referral will be rejected.

If the GP remains dissatisfied with this decision an application may be submitted to the Individual Funding Request panel. The GP will need to complete an IFR form providing evidence of exceptionality. The form may be found at [North Norfolk IFR](#)

Clinicians are reminded that appointments for treatment or assessment for which approval is being sought should not be made until approval has been received from the IFR panel.

**Patient Name:**

**Date of Birth:**

**NHS Number:**

**Referrer:**

**Practice name:**

**Date:**