

## **Primary Care request for specialist opinion**

## **Eyelid Ectropion**

This procedure is not funded on cosmetic grounds alone. The surgical treatment of Eyelid Ectropion will only be funded if the following criteria can be met:

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

	Patient meets criteria for Epiphora: (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 OR Symptoms of persistent clear watering plus 3 episodes of infection or sticky discharge within 12 months)				
OR					
	Vision is impeded				
OR					
	There is exposure to the cornea (e.g. in paralytic Ectropion) and risk of keratopathy (urgent correction required)				
All applications should be submitted with the referral letter.					
☐ I confirm that this patient meets the criteria as indicated above					
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	ction B: Extenuating circumstances				

If the patient does not meet the criteria above but has exceptional circumstances that may warrant the procedure, please complete an IFR form providing evidence of exceptionality. The form may be found at <a href="North Norfolk IFR">North Norfolk IFR</a>

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

March 2018 Page 1 of 2



Patient Name:		
Date of Birth:		
NHS Number:		
Referrer:		
Practice name:		
Date:		

March 2018 Page 2 of 2