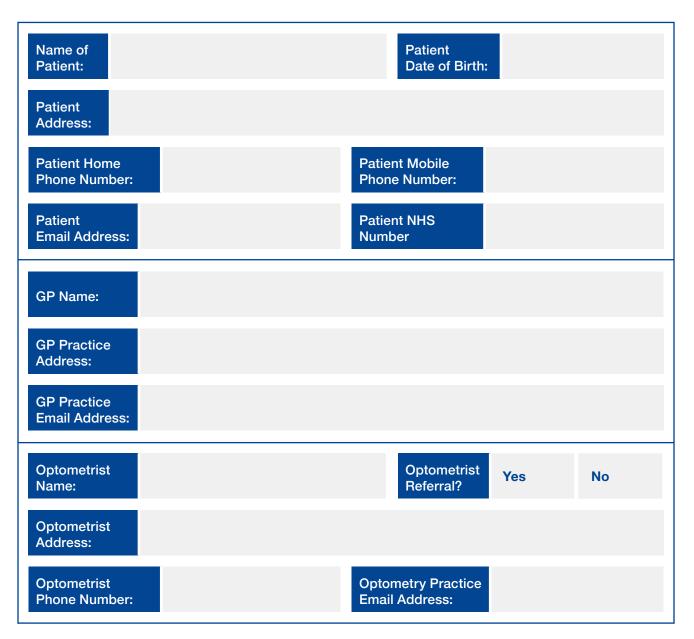
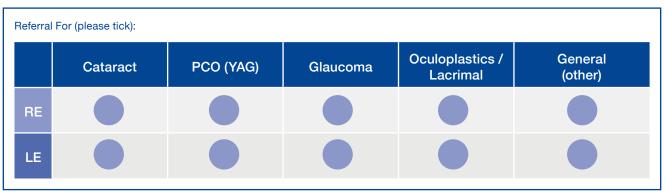
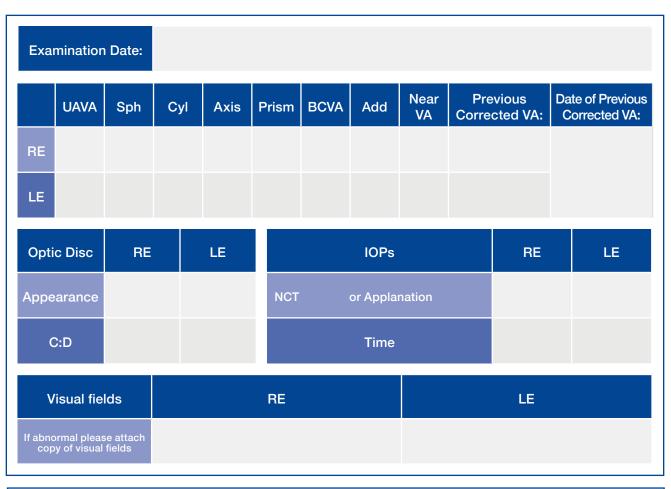
## **ACES Referral Form**









Additional information required for eye with cataract and better than 6/12 BCVA: Symptoms / Symptoms / Yes No Yes No Conditions Conditions Glare, Haloes or Anisometropia **Starbursts** Employment **Co-existing Eye** Problems Condition(s) **Refractive Shift Reading Difficulty** due to Cataract

Additional Information:			
Signed:	GOC / GMC Number:	Date:	
Return this form to capccg.acesreferrals@nhs.net or			