

## Information for Patients

# Record of Eye drop regime and Plan of Care

**Name:** -----  
**Address:** -----  
**Date of Birth:** -----  
**Hospital Number:** -----  
**Consultant:** -----  
**G.P.:** -----

Please keep this leaflet safe and bring it with you when keeping an appointment at Manchester Royal Eye Hospital.

If you are unsure of your eye drop regime or are having any difficulties please contact your consultant's secretary on telephone number:.....  
Monday - Thursday 9.00 am - 5.00 pm and Friday 9.00 am - 4.00 pm.

**Or**

The glaucoma nurse practitioner on telephone number: (0161) 701 4819  
Monday - Friday 9.00 am - 5.00 pm (answer phone available).

For emergencies/out of hours:

Please contact the Emergency Eye Department on (0161) 276 5599 available  
8.00 am - 8.00 pm every day.

**Or**

Ward 55 on (0161) 276 5512 available 24 hours every day.

## Repeat prescription information

Continue your treatment until your next clinic appointment unless you have been told to stop them beforehand.

## **Do not run out of your eye drops.**

Always order a repeat prescription from your GP in advance. When you come to clinic we will assess whether you can continue your treatment or whether we need to make changes. As we need to assess whether your drops are working please put them in on the day you come to clinic as normal.

We are unable to issue repeat prescriptions at the Eye Clinic. Please make sure that you have ordered a repeat prescription from your GP. You can collect this on the way home when we confirm that you are continuing your treatment. If we do need to give you additional medication, we will be able to give you a prescription for that in the clinic, which you must collect at the hospital pharmacy. Your GP will be informed of this.

## **Details of ophthalmic condition/glaucoma**

Diagnosis, date, and details

## **Allergies or discontinued medication due to side-effects**

Date and details

## Prescriptions

Medication	Frequency
Date Commenced	Doctor's Signature
Date Discontinued	Comment on Discontinuation

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## Weekly record sheet

Please complete

**Week commencing** .....

Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun

Please sign name in box after putting in drops

**Week commencing** .....

Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun

Please sign name in box after putting in drops





