

NHS NET Referral Information

Private & Confidential
WAL00001627

Referring Clinician	VICTORIA WALKER	Patient Name	SCRDONOTUSE XXTESTPATIENTDZAWB
Practice Address	FDS CONSULTANTS 6 THE OFFICES LYMM WA13 9AB	Patient Date of Birth	1928-04-16
Date of Referral		Patient NHS Number	9990243662
		Patient Address	C/O Hscic Test Data Manager Solution Assurance, 1 Trevelyan Sq. Leeds LS1 6AE
Patient's GP	HADWEN HEALTH		

This referral has been sent via OPERAi for the above captioned patient.

Referrer Feedback

As part of the OPERAi protocol, you can provide feedback to the optometrist based on the referral or post patient attendance. This information will be updated on the patient record and the referrer will receive email notification of an update. These updates happen immediately but if there is an urgent need for a patient to attend a telephone call should also be made.

Feedback link this patient - click here to [view](#)

No additional imaging available

The referring optometrist has not provided any additional imaging to support this referral

Please do not reply to this email it is not monitored routinely.

Please use the feedback link above if you need to correspond with the referring clinician.



Patient Details		Optometrist and Practice Details
Surname: XXTESTPATIENTDZAWB	Forenames: SCRDONOTUSE	Name: VICTORIA WALKER
Address: C/O Hscic Test Data Manager, Solution Assurance, 1 Trevelyan Sq., Boar Lane, Leeds	Sex: M	GOC Number: 01-66655
DOB: 16/04/1928	Postcode: LS1 6AE	GOC ODS Code: 8J025
Tel. Number(s): 01234567890	NHS / Hosp No.: 9990243662	Practice: FDS CONSULTANTS
Carer: —	Preferred No.: 1234567890	Higher Qualifications: —
Patient Factors: Commercial Driver (Group II), Military veteran	Carer Contact: —	Date of Examination: 14/07/2026
Accessible format: No		Date of Decision: 14/07/2026
Interpreter: Not required	Language: English	

Patient's GP Details	
GP Practice: DR Test'S PRACTICE	GP Practice Address: 63 REDvis LANEGORTONMANCHESTERM18 7JH

Conditions and Diagnosis
Diagnosis: NUCLEAR CATARACT – Both Eyes
Referral Reason: This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral.
Ocular Examination: This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral.
Symptoms / Functional Impact: This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral.
Medications and History (incl. known allergies): This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral.
Treatment for Condition: This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral.
Further Clinical Details: This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral.

Referral Routing and Destination		
Clinic Type: Cataract	Speciality: Ophthalmology	Provider: ABERGELE HOSPITAL (abergele130326)
Action: Referral (for action)		

Visual Acuity (Chart: LogMar)			
	Corrected VA	Unaided VA	Near VA
R	1.4	1.3	N4
L	1.3	1.3	N5
Bin	1.3		N5

Visions and Refraction	
Meets CVI Criteria: Yes	WGOS Low Vision Eligible: No
Refraction Completed: Yes	Low Vision Comment: This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral.

Refraction (Method: Subjective Refraction)				Cyclo Refraction: No	Date of Sight Test: 14/07/2026			
	SPHERE	CYL	AXIS	PRISM DISTANCE	BASE DISTANCE	PRISM NEAR	BASE NEAR	ADD
R	+1.00							
L	+1.00							



Previous Refraction: Yes

	SPHERE	CYL	AXIS	PRISM DISTANCE	BASE DISTANCE	PRISM NEAR	BASE NEAR	ADD
R	+1.00							
L	+1.00							

Cataract Surgery

Pre-operative Questionnaire
Recorded

Considering Surgery: Yes

Preferred Eye: Left eye

Refractive Aim: 1

Under Ophthalmology Care: Yes

Pseudophakia: Right Eye

Previous Refractive Surgery: No

Retinal Detachment History: Right Eye

Able to Lie Flat: Yes

Cataract leaflet given: Yes

Ophthalmology Details: This is a test referral. This is a test referral. This is a test referral. This is a test referral.

Functional Vision Questionnaire

Daily life difficulties: Yes, some difficulty

Satisfied with sight: Fairly satisfied

Reading newspapers: Yes, some difficulty

Recognising faces: Yes, some difficulty

Seeing prices: Yes, some difficulty

Walking on uneven surfaces: Yes, some difficulty

Handicrafts: Yes, some difficulty

Reading subtitles: Yes, great difficulty

Hobby: Yes, very great difficulty

Attachments / Comments to Help with Referral Allocation

No images and / or documents uploaded

WGOS Outcome: Refer to Ophthalmology

Comments: This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral. This is a test referral.