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| |  |  |  | | --- | --- | --- | |  |  |  | |  |  | Surgery name and address | | XX/YY/2020 |  | | /SS |  | |  |  | |  |  | |  |  |  | | Our ref: |  | Tel: | |  | Email: | |  | Website: | |  |  | |
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**OPHTHAMOLOGY**

**eRS**

Dear Colleagues

**Mr/Mrs XXX YYYYY DOB**

**Address Line 1 NHS No:**

**Address Line 2 Home Tel:**

**Town Mobile**

**County**

**Postcode**

The Medicines Management Team have made us aware of guidelines from the Royal College of Ophthalmologists suggesting that patients who have been on Hydroxychloroquine for 5 or more years should be having annual assessments by a Macular Specialist. Information provided below as requested:

* Hydroxychloroquine started by: *(insert consultant name and Trust)*
* Start date and initial dose:
* Current dose (include date of dose adjustment if known):
* Last recorded weight and date:

I would therefore be grateful if you could see this patient who has been taking Hydroxychloroquine for more than 5 years.

Many thanks.

Yours sincerely,

**Electronically checked and signed**

Dr XXXX YYYY

(Usual doctor - YYYYY, Zzzz (Dr))