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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 has raised with us that new guidelines from the Royal College of Ophthalmologists are suggesting that patients have baseline reviews with a Macular Specialist ideally within 12 months of the initiation of Hydroxychloroquine. 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:

This patient was prescribed Hydroxychloroquine within the last 5 years and has not had a baseline assessment. I would be grateful if you could organise this for us.

Yours sincerely,

**Electronically checked and signed**

Dr XXXX YYYY

(Usual doctor - YYYYY, Zzzz (Dr))