THE COLLEGE OF OPTOMETRISTS

Final Assessment OSCE: Referral Letter Template

Candidates may be required to make a referral during the Final Assessment OSCE. This could take the form of a telephone or written referral.

For a written referral, the following A4, printed template will be provided:

Referral/Notification Form

Patient Name: Robert Smith
Address: 21 The High Street, SN1 8BB
Age: 45
GP: Dr Jones, The Medical Centre, Priory Road, SN2 84T

Relevant details

Provisional diagnosis/reason for referral

Urgency (fill in as appropriate)	**Referral/notification to** (fill in as appropriate)
☐ Emergency (same or next day) ☐ Urgent (within one week) ☐ Routine (in due course) ☐ Information only	

Any additional information

Signature and date not required for this OSCE station