

THE ISSUING OF INFORMATION REGARDING PUPILLARY DISTANCE (PD)  
Appendix H

Name of patient.....

Address of patient.....

.....

Date of birth of patient.....  
(if under 16)

- The following information has been taken from records held by this practice.
- Measured at Patient's request  
(delete as appropriate)

Pupillary distance (PD).....

measured by [print name]..... on

[date].....

The prescribing and dispensing of spectacles are very closely linked and it is in the best interests of the patient to have spectacles dispensed where the eyes were examined.

It is always in the best interests of a patient to be accurately measured for pupillary distance when consideration of frame choice and lens design, usage and power can be taken into account at the same time.

This practice can take no responsibility for any appliance that may be made by a third party using this information. You are strongly advised to ensure that relevant measurements are made at the same time you order new spectacles.

Signed..... Dated.....

Name ..... GOC No.....