

**Application for Direct Cataract Referral Scheme**

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|------------------------------------|--|
| Practice Name:                     |  |
| Practice Address and postcode:     |  |
| Practice Telephone number:         |  |
| Practice Signatory:                |  |
| Designation of Practice Signatory: |  |

| Name of Optometrists | Ophthalmic Performer Numbers |
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- I confirm that this Practice wishes to sign up to the Cataract Direct Referral Scheme
- The practice will provide North Yorkshire and Humber Commissioning Support Unit with the relevant information to allow for payment and audit of the service.

Signed..... Date.....

Maddy Ruff  
Managing Director