

$REQUEST\ FORM\ FOR\ OUTSTANDING\ CATARACT\ SURGERY\ AND\ RADIOLOGY\ AND\ HISTOLOGY\ REPORTS$

	Please tick the relevant box(es)
	☐ CATARACT SURGERY REQUEST ☐ RADIOLOGY REPORT REQUEST
	HISTOLOGY REPORT REQUEST
	Surname First name Middle initial
•	Home Address: Street 1 Street 2 City/District/County
•	Date of Birth: dd mm yyyy
	National ID/Passport/DP:
	Electronic Birth Certificate PIN#:
	Gender: M F
	Contact: Home: Mobile: Mobile: Email:
-	Hospital attended Port of Spain (PS) San Fernando (SF) Eric Williams (EW) Sangre Grande (SG) Tobago (TO) 9. Clinic Registration # Date of 1st appointment in Clinic
	Name of Consultant
l.	Scheduled Cataract surgery date (After June 2012): dd mm yyyy
2.	Date of Radiology test: dd mm yyyy
3.	Date of Histology test: dd mm yyyy
	Patient's Signature