

Dysthyroid Eye Disease (Proptosis)

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Please tick which eye requires procedure
(Please complete separate forms for bilateral requests)

Left

Right

Funding will be provided to treat proptosis, arising from thyroid disease, as a result of enlargement of muscles in the socket and increased fatty tissue or abnormality of position of eyelid which causes extra exposure to the eye surface.

Patients can only be referred for funding if they meet the criteria below.

Please indicate the patient meets the criteria:

Please Tick
✓

- Surgery will only be offered for abnormality of the eyelid position after artificial tears have been tried for at least 6 months and failed.

Please confirm 6 month period:



CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined? <small>Please indicate:</small>		Name of Clinician	
Name		Contact number	
Signature		Date	
Date			