

Scottish Ocular Oncology Service Referral Form

Patient Details: Name / DOB / CHI / Address / Telephone number if available / GP Details

Attach Patient label here if available

Attach GP label here if available

Please complete the following for suspected **CHOROIDAL / CILIARY BODY** tumours
(to be accompanied by referral letter and fundas photograph)

Eye involved: RIGHT LEFT VAR VAL

Are any of the following features present? (tick if detected);

- Documented growth
- Orange pigment (lipofuscin)
- Retinal detachment
- OCT findings (e.g. Associated sub-retinal fluid or intra-retinal fluid)
- Symptoms

B-scan findings

What is the maximum height of the lesion? mm

Is there a collar-stud configuration? Yes No

Please give any relevant details

Please email a referral letter and a fundus photograph of the lesion with this referral form to:

Email : Oph.oncadmin@ggc.scot.nhs.uk OR Susan.Ewan@ggc.scot.nhs.uk

Note: Any referral without a letter and current lesion photo may NOT be accepted.