NEL CCGs (EBI): Chalazia removal

Any false declarations made on this form will invalidate funding approval

PATIENT CONSENT	
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 personal information on this form to be passed to the CCG and/or CSU for processing this funding request and validating subsequent invoices. Consent given:	☐Yes ☐No

APPLICANT DETAILS			
Clinician Making Request:		Department:	
Clinician Full Name:		Designation:	
Email (nhs.net):		Telephone:	

PATIENT DETAILS			
NHS Number:		GP Practice Name:	
Patient DOB:		GP Practice Code:	
Patient Hospital No:		Sub-Type:	N/A ☑

Form Information	
Does this request relate to a procedure that has already been carried out?	☐Yes ☐No

---

Please indicate whether patient meets the following criteria:

With prior approval, NEL CCGs will fund incision and curettage (or triamcinolone injection for suitable candidates) of chalazia when one of the following criteria have been met:

☐ Has been present for more than six months and has been managed conservatively with warm compresses, lid cleaning and massage for four weeks OR

☐ Interferes significantly with vision OR

☐ Interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy OR

☐ Is a source of infection that has required medical attention twice or more within a six month time frame OR

☐ Is a source of infection causing an abscess which requires drainage OR

☐ If malignancy (cancer) is suspected e.g. Madarosis/recurrence/other suspicious features in which case the lesion should be removed and sent for histology as for all suspicious lesions

* Required

<u>Additional Information:</u>

For further advice on completing this form please contact the prior approvals team on 020 3049 4366 or nelcsu.pas@nhs.net

---

SUBMISSION DECLARATION
I confirm that the above information is complete and accurately describes the patient's condition.

Submitting User   Date