



UK ROTARY'S AVOIDABLE BLINDNESS PROGRAMME

**WE NEED PHOTO STORIES OF YOUR PATIENTS TO HELP US
RAISE FUNDS TO SUPPORT YOUR ROTARY EYE HOSPITAL**

**Download this pdf. Add the information requested.
Save the document & then forward it with the photographs to:
info@globalsightsolutions.org**

NAME OF HOSPITAL

Date

Your name

Don't forget to take a photograph of the patient **BEFORE treatment!**

PATIENTS NAME

Age

Number of dependants

Occupation

Where living

How far is this from the hospital

When originally attended hospital

What sight problem was diagnosed

How long had patient been suffering

What adverse effect was this sight problem having on the patient's life

What treatment was provided to resolve the problem

What would be the commercial cost of such eye care?

Had patient previously been provided with health and hygiene education/information

Don't forget to take a photograph of the patient **AFTER treatment!**

General comments

