

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Meibomian cyst/chalazion

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral.

To Receiving Clinician: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund management of Meibomian cyst when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets two or more of the following criteria</i>	Delete as appropriate	
Conservative treatment has been tried for at least 3 months AND	Yes	No
Interferes with vision OR	Yes	No
Is causing persistent inflammation and pain	Yes	No

** If the patient does not fulfil these criteria but the clinician feels there are exceptional circumstances please refer to the Individual funding request policy for further information.*

A meibomian cyst/chalazion that keeps coming back should be biopsied to rule out malignancy. Use the appropriate referral route for suspected malignancy in this case.