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N&WICS - TA283 - Ranibizumab - Visual impairment caused by macular oedema secondary to central retinal vein occlusion								
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	data on this form, please confirm that the an appropriate explicit consent for sensiti							
	uest and validating subsequent invoices.		10 20 passou 10 11.					
If there is more than one NICE-appro	oved treatment available, a discussion be	etween the responsible clinician a	nd the patient has tal	ken place				
	ages of the treatments available. This ha							
	nt. The most appropriate, least expension of preference is stated in the TAs.	ve, will be chosen (taking into acc	ount auministration c	osis, dosage				
Patient	•	Practice						
NHS No:	Trust:	Name:						
Patient	Consultant	Practice						
Hospital No:	Making   Request:	Postcode:						
Patient's		Practice						
Initials and DoB:		Code:						
Notification		Contact						
Email	(@NHS.net account C							
Address:		number:						
Start date	Provider: ☐ Private ☐ NHS							
of	Supplier: ☐ Homecare ☐ H	Sub-Type:						
requested treatment:		·	N/A					
By completing this form, you confirm	n that you intend to use the requested m	(if applicable)	as agreed in the loos					
, , ,	ests which fall outside of this use will red	•	•	<b>1</b> 1				
For support regarding IFPs, places	contact: porfolkied@pho.pot							
For support regarding IFRs, please	contact. nonoixica@nns.net							
For support regarding the criteria list	ed below, please contact: norfolknontar	iff@nhs.net						
	t meets the following NICE criteria:		Please tick					
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