Title

Hospital Site/ Dept

* Arial text minimum size 12 font black text on white paper
* Ophthalmology information - Minimum font size 16 black text yellow paper
* Text must be left aligned /no block capitals/italics/underlining
* Numbers one to ten to be written as words 10.
* Use short sentences/ small blocks of text/ bullet points.
* Obtain patient (minimum 6-8 patients) using Trust Patient feedback questionnaire.
* One Lay reader to review.

**Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your

co-operation is greatly appreciated.

**Further information**

**Please insert local contact numbers, support groups, national societies, accredited websites**

**Text phone number: 18001 0151 ……**

**Author: Dept/ Care Group**

**Review date: up to 3 years following publication**

