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| Document name: Optometrists’ Formulary  Author:  Approved by: |

**[insert company name]:**

**Optometrists’ Formulary – Community Optometry Service**

This is the Company’s optometrists*'* formulary for the service consisting of prescribing information for drugs relevant to this service:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug Name** | **Legal Classification** | **Available preparation** | **Drug type** | **Drug Classification** |
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Review date: annually from commencement date [insert date].