**Witness Statement**

(Criminal Justice Act 1967 s.9; Magistrates’ Courts Act 1980, ss.5A (3) (a) and 5B; Criminal Procedure Rules 2005, Rule 27.1)

**Statement of: TO FILL IN**

**Age of witness: Over 18**

**Occupation of witness: Registered Medical Practitioner**

This statement (consisting of 1 page each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signature: **TO FILL IN** Dated the **TO FILL IN**

I am employed by Sandwell and West Birmingham Hospitals (SWBH) NHS Trust as a Consultant Ophthalmologist for duration. My qualifications are MBChB, FRCOphth.

I am making this statement based on medical notes of staff who saw the patient on date at the Birmingham and Midlands Eye Centre Emergency Department (ED) in SWBH NHS Trust.

Patient Name DOB Number gave a history of DETAILS on Date. He/She was seen in the DETAILS and referred here for an eye opinion as DETAILS.

On examination DETAILS. He/She was started/operated on DETAILS. He/She was subsequently followed up in DETAILS and in his last visit on DETAILS. We are monitoring/discharging DETAILS.

Signature **TO FILL IN** Date **TO FILL IN**