



### Peer Review Activity Form – Dispensing Opticians

Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Date of meeting: \_\_\_\_\_

Duration of meeting: \_\_\_\_\_

*Required information (use a separate piece of paper for additional information if necessary)*

***Case presentation (describe why you chose to present the case, and what clinical and/or dispensing information you provided in presenting it)***

***Case discussion (summarise the questions and issues raised by peers, and the outcome of the discussion)***

***Reflection to be completed after presentation (for example, was there general agreement that your dispensing was appropriate? If not, how would you approach a similar presentation in the future? Are you intending to make changes to your practice or undertake education in a particular area of as a result of presenting this case?)***

By signing below, I confirm that the information provided in this form is true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

By signing below, I confirm that \_\_\_\_\_ presented a case at this meeting, as described above.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_