Introduction: Visual outcomes are variable and somewhat unpredictable in patients receiving treatment for nAMD. An indicator of probable prognosis would be of immense value when managing our patients. Purpose: A pilot study to investigate whether pre-treatment Fluorescein (+/- Indocyanine Green) angiographic appearance (FA) affected visual outcome in nAMD. Methods: A retrospective case-record analysis of a random sample of 180 patients receiving Ranibizumab for nAMD, with 1yr follow-up. Patient demographics, LogMAR acuity, injection numbers and any complications recorded. Pre-treatment FA appearances were classified 1-9, by a senior clinician ‘blind’ to the patients’ visual outcome. Results of the 180 patients, 15 excluded as FAs unavailable. Of the remaining 165 patients, the number in each group 1-9 on FA appearance and the percentage with 15 letter loss of vision were: Classic membranes n=24, 75%. Predominantly classic n = 23, 74%. Minimally classic n = 28; 79%. Occult membranes n = 55, 98%. Occult with fibro-vascular pigment-epithelial-detachment (fvp) 1 disc area diameter n =7, 100%. Occult with 1 disc area fvp n =18, 100%. Retinal angiomatous proliferation (RAP) n = 8, 62%. Polypoidal vasculopathy n =1, Peri-papillary membrane with subfoveal extension n=1. Latter two groups, one patient each, no percentage calculated. No serious complications recorded. Mean number of injections was 5.2. Conclusion Occult membranes (with or without a pigment epithelial detachment) appeared to have a more favourable outcome compared with classic membranes and RAP. Pre-treatment FA could be of great value as a prognostic indicator and merits further large scale study.