|  |  |
| --- | --- |
| **Application for Spare/ Replacement Pair voucher** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | | | **Practice Address** | | | | | |
| Initials | | | | | |
| D.O.B | | | | | |  | | | | | |
| No of repairs in preceding 6 months | | | | | |  | | | | | |
| Illness | | | | | |  | | | | | |
|  | | | | | | Telephone | | | | | |
|  | | | | | | Fax | | | | | |
|  | | | | | | Contact Name | | | | | |
|  | | | | | | Role / Job Title | | | | | |
| Date of Application | | | | | |  | | | | | |
| **Information supporting request** (Ref: Making Accurate Claims 2022 section 38 Page 53) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Current Prescription** | | | | | | | | | | | |
| HES / GOS? | | | Exam Date | | | | | Date of initial Supply | | | |
| RE | Vision | SPH | CYL | | AXIS | PRISM | | BASE | VA | | ADD |
|  |  |  |  | |  |  | |  |  | |  |
| LE | Vision | SPH | CYL | | AXIS | PRISM | | BASE | VA | | ADD |
|  |  |  |  | |  |  | |  |  | |  |
| **NHS ENGLAND USE ONLY** | | | | | | | | | | | | |
| REQUEST AUTHORISED BY  (Ophthalmic Advisor) | | | | Name (PRINT) | | | Signature | | | Date | | |
| Request authorised by  (NHS England) | | | | Name (PRINT) | | | Signature | | | Date | | |

**PLEASE RETURN FORM:**

**Providers, please note that nhs.net email should be used when emailing.**

[**lscicb-bl.optom@nhs.net**](mailto:lscicb-bl.optom@nhs.net)

**\*Please do not include patient identifiable information**

Please attach this form to the GOS3 if the application has been approved.