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| **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**

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

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