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|  **Application for Particular Pair of Glasses** |  |
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| --- | --- |
| **Patient Details** | **Practice Address** |
| Initials  |
| D.O.B |  |
| Reason for Request  |  |
|  |  |
|  | Telephone |
|  | *NHSmail address* |
|  | Contact Name |
|  | Role / Job Title |
| Date of Application |  |
| **Information supporting request.**  |
|  |
| **Current Prescription Distance and Near** |
| HES / GOS *delete as applicable* | Exam Date |  |
| RE | Vision | SPH | CYL | AXIS | PRISM | BASE | VA | Distance  |
|  |  |  |  |  |  |  |  |  |
| LE | Vision | SPH | CYL | AXIS | PRISM | BASE | VA |  |
|  |  |  |  |  |  |  |  |  |
| RE | Vision | SPH | CYL | AXIS | PRISM | BASE | VA | Near  |
|  |  |  |  |  |  |  |  |  |
| LE | Vision | SPH | CYL | AXIS | PRISM | BASE | VA |  |
|  |  |  |  |  |  |  |  |  |
| ***ICB* USE ONLY** |
| REQUEST AUTHORISED BY(Ophthalmic Advisor)  | Name (PRINT) | Signature | Date  |
| Request authorised by  *icb* | Name (PRINT) | Signature | Date |

Note a secure nhs.net email should be used to forward requests to

**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.