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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**](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.