# Application for Second Pair voucher

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| **Patient Details** |  | **Practice Address** |
| **Title: Mr, Mrs, Mast, Miss, Ms** |  |
| **Surname** |  |  |
| **Other Name(s)** |  |  |
| **Address** |  |  |
|  |  | **Telephone** |
|  |  | **Email address**  **(nhs.net only)** |
|  |  | **Fax** |
| **Post Code** |  | **Contact Name** |
| **D.O.B.** |  | **Role** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Application** | | | | | | | | | |
| **No of repairs in preceding 6 months** | | | | | | | | | |
| **Illness (if applicable)** | | | | | | | | | |
| **Information to support request** | | | | | | | | | |
|  | | | | | | | | | |
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|  | | | | | | | | | |
| **Current Prescription** | | | | **Exam Date** | | | **Date of initial supply** | | |
| **RE** | **Vision** | **SPH** | **CYL** | | **AXIS** | **PRISM** | **BASE** | **VA** | **ADD** |
|  |  |  |  | |  |  |  |  |  |
| **LE** | **Vision** | **SPH** | **CYL** | | **AXIS** | **PRISM** | **BASE** | **VA** | **ADD** |
|  |  |  |  | |  |  |  |  |  |

**Completed forms should be submitted to your NHS England Regional Local Team. You must retain this form with the patient’s records once it has been returned to you with a decision and only submit a GOS3 to PCSE if the application has been approved.**

For internal Use: Request approved / not approved

Date: Signature: Name (print):