# Application for Second Pair voucher

| Patient Details |
|---|
| Title: Mr, Mrs, Mast, Miss, Ms |
| Surname |
| Other Name(s) |
| Address |
| |
| |
| |
| Post Code |
| D.O.B. |

| Practice Address |
|---|
| |
| Telephone |
| Email address (nhs.net only) |
| Fax |
| Contact Name |
| Role |

| Date of Application |
|---|
| No of repairs in preceding 6 months |
| Illness (if applicable) |
| Information to support request |
| |
| |
| |
| |

| 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.**

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For internal Use: Request approved / not approved

Date:…….. Signature:…….. Name (print):……...