

To get your glasses/contact lenses, fill in, sign and date Part 2 when you order them from the optician of your choice. Sign and date Part 4 overleaf to confirm that you have received them. Please complete this form using black ink and in BLOCK CAPITALS

Part 1 PATIENT'S DETAILS

Form fields for patient details: Title, First names, Surname, Previous surname, Address, Postcode, Date of birth, NHS N°, N.I.N°.

ELIGIBILITY

My name and address are as shown above. I wish to order glasses / contact lenses and I am entitled to use the above voucher today because:

Tick all boxes which apply to you. These circumstances must apply on the date you order your glasses or contact lenses

- I am under 16
I am a full time student aged 16, 17 or 18 at the school / college / university below
I am a prisoner on leave from the prison detailed below

(Optician use only) Evidence of eligibility. Seen Not seen

Details of establishment (school / college / university / prison):

Name:
Town:

- I / my partner, or person I am dependent on if I am under 20, receive(s) or is included in an award of:
Income Support
Universal Credit and meets the criteria. Find out more at www.nhsbsa.nhs.uk/UC
Pension Credit Guarantee Credit
Income-based Jobseeker's Allowance
Income-related Employment and Support Allowance
Tax Credit and I am / we are named on a valid NHS Tax Credit Exemption Certificate

Person getting the benefit / credit if not the patient:

Name:
N.I. N°:
Date of birth:

I am named on a valid: HC2 or HC3 certificate Certificate number: HC -

The HC3 (box B) shows that the voucher value will be reduced by: £

I have been prescribed complex lenses under the NHS optical voucher scheme

Part 2 PATIENT'S DECLARATION

** If you are under 16 or incapable of signing, your parent, carer or other person responsible for you should sign and give their name and address. I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the cost of the optical voucher and payment of a penalty charge.

I am the patient patient's parent patient's carer or guardian same address as patient

Signature** Date:

Name:
Address:
Postcode:
Voucher code:
Authorisation code:



I -

P -

PRESCRIPTION

To be completed by the practitioner at your sight test

R	+/-	Sph	+/-	Cyl	Axis	Prism	Base	+/-	Sph	+/-	Cyl	Axis	Prism	Base
I														
G														
H	ADD							ADD						
T														

Distance/ Bifocal voucher type: or / Complex Supplements: Prism Tint

Reading voucher type: or / Complex Supplements: Prism Tint

To be completed by the Performer who has conducted the sight test

Performer's name: [Grid]

Performers list number: [Grid] Date of this prescription: [Grid]

Performer's signature: [Signature Box] Date: [Grid]

Part 3 SUPPLIER'S DECLARATION

^{††}Use for cases which require approval or when it's necessary to annotate the form.

In accordance with the prescription I have supplied: contact lenses glasses Exception Processing^{††}

The glasses/contact lenses I have supplied are distance pair and / or near pair or bifocal / varifocal pair because the patient named on this optical voucher: requires a new or changed prescription has an unchanged prescription but has glasses / contact lenses which are unserviceable due to fair wear and tear

CLAIM: Supplements provided:

^{*}Please write the number of lenses

1st Pair: Prism⁺ Tint⁺ Small Glasses[§] [Grid] mm Special facial characteristics Prism controlled bifocals

2nd Pair: Prism⁺ Tint⁺ Small Glasses[§] [Grid] mm Special facial characteristics

[§] Please state boxed centre distance in millimeters

I claim under the NHS optical voucher scheme as follows:

	1 st pair	2 nd pair	Total
Actual retail cost of glasses / contact lenses	£ [Grid]	£ [Grid]	£ [Grid] (1)
If less than or equal to voucher value(s) plus any supplement(s)	£ [Grid]	£ [Grid]	£ [Grid] (2)
Total of voucher(s) and supplement(s) (specified above)	£ [Grid]	£ [Grid]	£ [Grid] (3)
Patient's contribution as shown by box B of HC3 (if applicable)			£ [Grid] (4)
Total claim for glasses / contact lenses (1 or 2 - whichever is the lowest, minus 3)			£ [Grid] (4)

DECLARATION

I claim payment shown above under the NHS (Optical Charges and Payments) Regulations 2013. I declare that the information given on this form is correct and complete and that this is the original form as signed by the respective patient, or other person as appropriate. I understand that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and or civil proceedings. I understand that my personal data will be processed by PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33.

Date of first / only pair supplied: [Grid] [Signature Box]

Date of second pair supplied: [Grid] Supplier's signature: [Signature Box]

Name: [Grid]

Supplier's name: [Grid]

Organisation number: [Grid]

Part 4 PATIENT'S DECLARATION

^{**}Please write the number of pairs of contact lenses you have received

I confirm that I have received distance pair and / or near pair bifocal / varifocal pair of glasses or [Grid] pairs of contact lenses, ^{**} on the date shown above, and used an NHS optical voucher.

I agree that the declaration signed on Part 2 of this form also applies for the collection of my glasses/contact lenses. I agree that none of the information on this form has changed and I am still eligible. If I am not the same patient's parent or patients carer or guardian that signed Part 2

I confirm I have read the declaration as detailed in Part 2.

^{**} If you are under 16 or incapable of signing, your parent, carer or other person responsible for you should sign and give their name and address

I am the patient patient's parent patient's carer or guardian same address as patient

Signature^{**}: [Signature Box] Date: [Grid]

Name: [Grid]

Address: [Grid]

Postcode: [Grid]