Please return form to:
PCCO, 2nd Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG

NHS Lothian

APPLICATION FOR A DISCRETIONARY VOUCHER OR ADULT REPAIR VOUCHER

PART ONE – TO BE COMPLETED BY APPLICANT

Personal Details:	
Surname:	Forename:
Previous Surname: (if applicable)	Date of Birth:
Full Address:	
Postcode:	

Reason for Application:

☐ Major Hardship/difficulties

Please give full details of the reason for your application, including a description of the hardship/difficulties you are suffering due to not having glasses and any other relevant supporting evidence that will enable us to consider your request.

N.B. ***A simple statement of lost/broken glasses*** is insufficient and your application will not be considered. Full details of the damage to the glasses and how it occurred must be completed or the form will be returned.

☐ 2nd Pair of Spectacles for a child under 16

The Division must give prior approval before a voucher can be issued. Please state grounds for your application, and any other relevant supporting evidence that will enable us to consider your request.

☐ Request for repair or replacement of glasses for someone 16 or over

An authorisation code is required to submit a GOS(S)4 for someone 16 or over. Please give full details for the reason for your application including details of the illness or disability which caused you to lose or damage your glasses

If the glasses were stolen please provide the Police Station and Crime Reference Number:	

Patient's Declaration:

I understand that if I give information that is incorrect or incomplete, action may be taken against me.
I declare that the information I have given is correct and complete and there is no insurance or after sales service covering these glasses or contact lenses
I agree to a check of my entitlement to a NHS optical voucher being made with the Benefits Agency.
I agree to repay the voucher value if I am later found not to be entitled.

Signed: Date:

PART TWO – TO BE COMPLETED BY OPTOMETRIST/OMP

Date of last dispense:				
Complete as much of this section as possible	R unaided distance VA		L unaided distance VA	

Current prescription

	Sph	Cyl	Axis	Prism	Base		Sph	Cyl	Axis	Prism	Base	
Right						Distance						Left
						Near						

Date of last eye examination:	HES patient? ☐ Please note that discretionary vouchers will not be provided for HES patients.

Parts required: Please ✔	Lenses		Right		Left		Both	
	Frame		Front		Side		Whole	
Please give a detailed description of the damage to the glasses.								

Does the patient have a previous pair of spectacles that are serviceable?	Y / N

Statement in Support of Application:
Please give a statement in support of the patient's application and attach any relevant correspondence:

Optometrist:		Ophthalmic List No.	
Signature:			

Practice Stamp:	

For Primary Care use only:

The application for the issue of a further optical voucher has been considered and is:

	Approved
	Not Approved on the grounds that:

Date received:		Ref number:		Date returned:	

Authorised by:		Signature:	
Date:		Authorisation number for repair:	