Alder Hey Children's NHS
NHS Foundation Trust

SPECTACLE PRESCRIPTION

ALDER HEY CHILDREN'S HOSPITAL

H 47859

AH1565586
VIALS MOORE
GWENDOLYN
D.O.B: 22/08/2014 F
2 CORONATION DRIVE
CROSBY
L23 3BN
NHS No: 701 057 1422

Patient's surname

Other names

Address

Date of Birth ..../..../....

Date of sight test 1/9/17

Unit No.

RIGHT EYE						LEFT EYE						
Sph.	Cyl.	Axis	Prism	Base		Sph.	Cyl.	Axis	Prism	Base	CD	BVD
+3.50	+0.50	180			Distance	+3.50	+0.50	180				
					Near							

Any other relevant details

This is a changed / unchanged prescription

Date of issue 1/9/17

Prescriber's signature DMcPhee

Voucher Code

I (to cover spectacles + frame/ adapted frame).

Authorisation

DMcPhee

Voucher valid for one year

This voucher is invalid without authorisation

This form must be given to the supplier when ordering glasses.

Application for help with the cost of glasses. Tick one box only

☐ I am under 16.

I am in a family which gets:

☐ Income Support

☐ Family Credit

☐ Disabled Working Allowance

☐ I am in a family which has certificate no. HC2/.....which has not run out

☐ I am in a family which has certificate no. HC3/.....which says that the voucher is reduced by £.....and has not run out

☐ I am a full-time student under 19
The name of my school or college is

.....

.....

.....

☐ I have been prescribed complex lenses and I am not entitled to help with the cost of glasses for any other reason.

☐ I have been prescribed glasses as a non tolerance case

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 to the best of my knowledge and belief.

I agree to pay any charge for glasses that I have to.

I apply for help with the cost of glasses for the reason I have ticked.

If the patient is under the age of 16 or an invalid their parent or guardian or other person in charge of them should sign.

Signature.....

Date ..../..../....

Dispenser's Declaration

I understand that The Opticians Act 1989 prohibits the sale of children's spectacles unless the sale is effected by or under supervision of a registered medical practitioner or a registered optician.

I declare that I am *either* a registered medical practitioner *or* a registered optician and I hereby accept professional responsibility for the dispensing of this NHS prescription.

I declare that special small glasses were / were not required. (delete as appropriate)
where SGS is required complete the following details: Patient's interpupillary distance.....mm
Frame supplier ..... Style ..... Size .....
Describe fully the extensive adaptation carried out .....

I declare that specially manufactured frame(s) were / were not required for this patients facial characteristics.

I understand that if I give information which is incorrect or incomplete action may be taken against me.

Signature ..... Name (Printed) ..... Date ..../..../....

Supplier's Declaration

a.	Retail price	1st pair	£
		2nd pair	£
		Reglaze	£
b.	Voucher value designated on the front of this form.		£
	Frame Supplement. **Amount claimed should be the smaller of the actual additional cost incurred or the Frame Supplement value.**		£
c.	Sum patient assessed to pay on form HC3		£
d.	Amount claimed **This should be smaller of a. or b. minus c.**		£

I declare that I have supplied the person named on the front of this from with ..... pairs of glasses, or at their request reglazed their spectacle frame, under the NHS spectacle voucher scheme, to the prescription overleaf. I have kept a record of this transaction.

I have checked, if appropriate, form HC3 which shows a patient's contribution of £ .....

I understand that if I give information which is incorrect or incomplete action may be taken against me.

I understand that payment will be delayed if any parts of this form are not completed fully.

Supplier's name and address (CAPITALS OR STAMP)	Supplier's signature ..... Date ..../..../.... Bank payment should be made to ..... Account name ..... Account no. ..... Bank sort code .....

Patient's Declaration

Fill in this part **after** you have got your glasses.

I declare I have received ..... pairs of glasses under the NHS Spectacle Voucher Scheme, and

I understand that if I give information that is incorrect or incomplete, action may be taken against me.

If the patient is under 16 or an invalid their parent or guardian or other person in charge of them should sign.

Signature ..... Date ..../..../....

For Official Use Only

Our ref. Suppliers ref.

Checked by Certified for payment

Ent	Cost Centre				Subjective					Maj.		Spec		Cr.	£			p	
L	3	1	H	H	6	R	P	3	3	0	0	0	0	0					

Voucher claims to Finance Department, Alder Hey Children's NHS Foundation Trust, Eaton Road Liverpool L12 2AP