



Duplicate prescription form

This is a copy of the prescription issued on (date): _____

Prescriber's name and qualifications: _____

GOC number: _____

Practice address (or practice address stamp):

Practice stamp:

Practice tel: _____ Practice email: _____

Prescription issued to

Px title: _____ Surname: _____

Other name(s): _____

Date of Birth (if under 16): _____

| | Sph | Cyl | Axis | Prism | Base | Add (Inter.) | Add (Near) | BVD |
|----|-----|-----|------|-------|------|-----------------|---------------|-----|
| RE | | | | | | | | |
| LE | | | | | | | | |

| | V (Unaided) | VA (With Rx) |
|----|----------------|-----------------|
| RE | | |
| LE | | |

Re-examination was advised in _____ months

Signed:

Name and qualifications: _____

GOC number: _____

Date: _____

The prescribing and dispensing of spectacles are very closely linked and it would be your best interest to have your spectacles dispensed where you had your eyes examined. It is often more difficult to resolve any problems you may have with your spectacles when prescribing and supply are separated.