

DUPLICATE PRESCRIPTION FORM



Member of
**Association of British
Dispensing Opticians**

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

PRESCRIPTION ISSUED TO:

Patient's title and forename:

Patient's date of birth *(if under 16)*:

Patient's surname:

Re-examination was advised in months:

	Sph	Cyl	Axis	Prism	Base	Add Inter	Add Near	BVD
Right Eye								
Left Eye								

Prescribers name:

Prescribers GOC number:

Practice telephone:

FORM COMPLETED BY:

Practice email:

Name:

Practice address *(or practice address stamp)*:

GOC Number:

DELETE AS APPROPRIATE:

Optometrist / Dispensing Optician

Signature:

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.

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