



Focus Medical Eye Centre Corporate Eye Care Forms



FORM 1 – EMPLOYER DETAILS

Company Name :.....

Address

.....

.....

Contact Name.

Phone Number/ E-mail

Invoicing Department Details If Different.....

.....

.....

What are your employees entitled too?

- 1. Eye Examinations Yes
- 2. Basic VDU Spectacles Yes No (Please delete as applicable)
- 3. Bifocal Lenses Yes No (Please delete as applicable)
- 4. Vocational Lens Yes No (Please delete as applicable)
- 5. Varifocal Lenses Yes No (Please delete as applicable)
- 6. Private Frames Yes No (Please delete as applicable)

7. Your Price Limit on Frames

(Private frames range from £25 up to £250)

Name..... Position.....

Signed..... Date.....

FORM 2 – EXAMPLE OF EXAMINATION REQUEST

(Your address here)

Focus Medical Eye Centre
18 High Street
Hailsham
East Sussex
BN27 1BJ

EYE EXAMINATION REQUEST

Name:..... is eligible for a VDU eye examination under contract.

This patient is entitled to:

- ✓ Full Private Eye Examination
- ✓ Basic Single Vision Complete Spectacles (if required for VDU use)

Where applicable:

Bifocal Lenses
Vocational Lenses
Varifocal Lenses
Option of upgrading frames and lenses (delete as appropriate)

Lens fees include lenses, basic frame, glazing, VAT, dispensing fees, case, cloth and aftercare.

Signed..... Date.....
(Authorised Representative)

FORM 3 – EXAMPLE OF OPTOMETRIST REPORT

VDU Examination Report

To be completed by the Optometrist.

(Your Company Name)

Employee Ref:

VDU Examination For:

I am conversant with the standard recommended by the Association of Optical Practitioners for VDU operators.

In my opinion this patient should be provided with spectacles:

- 1. Solely for use with the VDU
- 2. For general use incorporating a special VDU prescription
- 3. For general use including use with the VDU

Only options 1 & 2 require an employer contribution.

Type of spectacles needed:

Distance Close work Bifocals Vocational Varifocal

Optometrist Signature.....Date.....