

**Department of Veterans Affairs** **PRESCRIPTION AND AUTHORIZATION FOR EYEGLASSES**

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all providers who must complete this form will average 4 minutes. This includes the time to read instructions, gather the necessary facts and fill out the form. The purpose of this form is to allow veterans to purchase their eyeglasses directly by serving as a prescription, authorization and invoice. Although you must submit a bill to receive reimbursement, return of this form is voluntary. Failure to respond will have no adverse effect on benefits to which the provider might otherwise be entitled.

**PART I - TO BE COMPLETED BY EXAMINING EYE CLINIC (PLEASE PRINT OR TYPE LEGIBLY)**

1. VETERAN'S NAME (Last, first, middle initial) (mandatory)	2. CLAIM NUMBER (If known) C-	3. SOCIAL SECURITY NUMBER (If known) (mandatory)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART II - TO BE FULLY COMPLETED BY EXAMINING OPHTHALMOLOGIST OR OPTOMETRIST**

DISTANCE	R	4A. SPHERE	4B. CYLINDER	4C. AXIS	4D. PRISM	4E. BASE	4F. BC	4G. MRP	*SPECIAL INSTRUCTIONS	
	L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
NEAR	R	5A. ADDITION	5B. HEIGHT	5C. TYPE	5D. WIDTH	5E. NEAR INSET	5F. TOTAL INSET	5G. PD		
	L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FAR <input type="text"/> NEAR <input type="text"/>		
6A. FRAME NAME		6B. COLOR		6C. MANUFACTURER						
6D. EYESIZE		6E. BRIDGE SIZE		6F. TEMPLE LENGTH & STYLE						
7A. LENSES ONLY		8A. GLASS		9A. SINGLE VISION		10A. SUPPLY CASE		11. DELIVERY RECOMMENDATION		
7B. USE ENCLOSED FRAMES		8B. PLASTIC LENSES		9B. BIFOCAL		10B. TINT*		11A. VETERAN'S RESIDENCE		
7C. FRAME ONLY		8C. SAFETY LENSES		9C. TRIFOCAL		10C. OTHER*		11B. EYE CLINIC		
								11C. PROSTHETICS		

12. SIGNATURE AND DEGREE OF EXAMINER <input type="text"/> M.D./O.D.	13. DATE OF EXAMINATION <input type="text"/> (mm/dd/yyyy)
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**PART III - TO BE FULLY COMPLETED BY THE PROSTHETIC ACTIVITY OR PROSTHETIC CLERK**

TO	14A. CONTRACTOR	14B. CONTRACT NUMBER	15. VETERAN'S ADDRESS (Type name if unclear above)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
16. ORDERING VA MEDICAL CENTER (Name, Address, Symbol)			18. ELIGIBILITY STATUS (Check all appropriate boxes)		
<input type="text"/>					
17. AUTHORITY FOR ISSUANCE V.A. 6115 ____ (Charge Medical Care Appropriation) VA 6115.3 (Charge appropriation 36X0102, account 3403) OTHER					
19. CONTRACT INFORMATION			DISABILITY CODE	SC	NSC
			SC	OP	50%
			NSC	VNE	RET. MIL.
			IP	A and A	INITIAL

**PART IV - TO BE COMPLETED BY CONTRACTOR**

20. INSTRUCTIONS TO CONTRACTOR - MAIL TO:			22. COMMENTS:		
VETERAN AT ABOVE ADDRESS			<input type="text"/>		
ORDERING FACILITY - EYE CLINIC					
ORDERING FACILITY - PROSTHETIC					
21. SIGNATURE AND TITLE OF APPROVING OFFICIAL			24. OBLIGATION SYMBOL (order will be rejected unless completed)		25. ORDER DATE (mm/dd/yyyy)
<input type="text"/>			<input type="text"/>		26. ESTIMATED DELIVERY DATE (mm/dd/yyyy)
			27. SIGNATURE OF COMPANY OFFICIAL		28. DATE (mm/dd/yyyy)
			<input type="text"/>		<input type="text"/>



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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NEAR	R	5A. ADDITION	5B. HEIGHT	5C. TYPE	5D. WIDTH	5E. NEAR INSET	5F. TOTAL INSET	5G. PD	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	NEAR <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6A. FRAME NAME			6B. COLOR		6C. MANUFACTURER				
<input type="text"/>			<input type="text"/>		<input type="text"/>				
6D. EYESIZE			6E. BRIDGE SIZE		6F. TEMPLE LENGTH & STYLE				
<input type="text"/>			<input type="text"/>		<input type="text"/>				
7A. LENSES ONLY		8A. GLASS		9A. SINGLE VISION		10A. SUPPLY CASE		11. DELIVERY RECOMMENDATION	
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