



**PRESCRIPTION AND AUTHORIZATION FOR EYEGLASSES**

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

1. VETERAN'S NAME (Last, first, middle initial) <i>(mandatory)</i>	2. CLAIM NUMBER (If known) C- <input style="width:90%;" type="text"/>	3. SOCIAL SECURITY NUMBER (If known) <i>(mandatory)</i>
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**PART II - TO BE FULLY COMPLETED BY EXAMINING OPHTHALMOLOGIST OR OPTOMETRIST**

<b>DISTANCE</b>	R	4A. SPHERE	4B. CYLINDER	4C. AXIS	4D. PRISM	4E. BASE	4F. BC	4G. MRP	*SPECIAL INSTRUCTIONS	
	L	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>		
<b>NEAR</b>	R	5A. ADDITION	5B. HEIGHT	5C. TYPE	5D. WIDTH	5E. NEAR INSET	5F. TOTAL INSET	5G. PD		
	L	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" 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 11A. VETERAN'S RESIDENCE 11B. EYE CLINIC 11C. PROSTHETICS
		7B. USE ENCLOSED FRAMES		8B. PLASTIC LENSES		9B. BIFOCAL		10B. TINT*		
		7C. FRAME ONLY		8C. SAFETY LENSES		9C. TRIFOCAL		10C. OTHER*		

12. SIGNATURE AND DEGREE OF EXAMINER <input style="width:95%;" type="text"/> M.D./O.D.	13. DATE OF EXAMINATION <input style="width:95%;" 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)		
16. ORDERING VA MEDICAL CENTER (Name, Address, Symbol)			18. ELIGIBILITY STATUS (Check all appropriate boxes)		
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%	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
NSC	VNE	RET. MIL.	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
IP	A and A	INITIAL	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

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

20. INSTRUCTIONS TO CONTRACTOR - MAIL TO:	22. COMMENTS:		
VETERAN AT ABOVE ADDRESS	ORDERING FACILITY - EYE CLINIC	23. THE GLASSES AUTHORIZED HAVE BEEN MAILED TO:  THE PATIENT AT THE ABOVE ADDRESS V.A. EYE CLINIC DELIVERY POINT V.A. PROSTHETICS DELIVERY POINT	
ORDERING FACILITY - PROSTHETIC	<input style="width:90%;" type="text"/>		
21. SIGNATURE AND TITLE OF APPROVING OFFICIAL	24. OBLIGATION SYMBOL (order will be rejected unless completed)	25. ORDER DATE (mm/dd/yyyy)	26. ESTIMATED DELIVERY DATE (mm/dd/yyyy)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
27. SIGNATURE OF COMPANY OFFICIAL	28. DATE (mm/dd/yyyy)		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		



Department of Veterans Affairs

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		4A. SPHERE	4B. CYLINDER	4C. AXIS	4D. PRISM	4E. BASE	4F. BC	4G. MRP	*SPECIAL INSTRUCTIONS
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L	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		
NEAR	R	5A. ADDITION	5B. HEIGHT	5C. TYPE	5D. WIDTH	5E. NEAR INSET	5F. TOTAL INSET	5G. PD	
	L	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	FAR <input style="width:95%;" type="text"/> NEAR <input style="width:95%;" type="text"/>	
6A. FRAME NAME <input style="width:95%;" type="text"/>			6B. COLOR <input style="width:95%;" type="text"/>		6C. MANUFACTURER <input style="width:95%;" type="text"/>				
6D. EYESIZE <input style="width:95%;" type="text"/>			6E. BRIDGE SIZE <input style="width:95%;" type="text"/>		6F. TEMPLE LENGTH & STYLE <input style="width:95%;" type="text"/>				
7A. LENSES ONLY		8A. GLASS		9A. SINGLE VISION		10A. SUPPLY CASE		11. DELIVERY RECOMMENDATION 11A. VETERAN'S RESIDENCE 11B. EYE CLINIC 11C. PROSTHETICS	
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