



PRESCRIPTION AND AUTHORIZATION FOR FEE BASIS 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) <i>(mandatory)</i>	2. LAST 4 DIGITS OF SSN <i>(mandatory)</i>
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PART II - TO BE FULLY COMPLETED BY EXAMINING OPHTHALMOLOGIST OR OPTOMETRIST

DISTANCE	R	3A. SPHERE	3B. CYLINDER	3C. AXIS	3D. PRISM	3E. BASE	3F. BC	3G. MRP	4. MEDICAL JUSTIFICATION*
	L								
NEAR	R	5A. ADDITION	5B. HEIGHT	5C. TYPE	5D. WIDTH	5E. NEAR INSET	5F. TOTAL INSET	5G. PD	
	L							FAR NEAR	
6A. FRAME NAME			6B. COLOR		6C. MANUFACTURER				
6D. EYESIZE			6E. BRIDGE SIZE		6F. TEMPLE LENGTH & STYLE			7. ICD-9 CODE	
8A. LENSES ONLY		9A. GLASS		10A. SINGLE VISION		11A. TINT*		12. DELIVERY RECOMMENDATION	
8B. USE ENCLOSED FRAMES		9B. PLASTIC LENSES		10B. BIFOCAL		11B. TRANSITIONS*		12A. VETERAN'S RESIDENCE	
8C. FRAME ONLY		9C. SAFETY LENSES		10C. TRIFOCAL		11C. PROGRESSIVE*		12B. EYE CLINIC	
						11D. OTHER*		12C. PROSTHETICS	
13. SIGNATURE AND DEGREE OF EXAMINER								14. DATE OF EXAMINATION <i>(mm/dd/yyyy)</i>	
								M.D./O.D.	

PART III - TO BE FULLY COMPLETED BY THE PROSTHETIC ACTIVITY OR PROSTHETIC CLERK

TO	15A. CONTRACTOR	15B. CONTRACT NUMBER	19. CONTRACT INFORMATION			
			ITEM	CONTRACT ITEM	COST	
16. VETERAN'S ADDRESS (Type name if unclear above)			RIGHT LENS			
			LEFT LENS			
			LENS TINT			
			FRAME COMPLETE			
			FRAME FRONT ONLY			
			FRAME TEMPLE RIGHT			
			FRAME TEMPLE LEFT			
			OTHER			
17. ORDERING VA MEDICAL CENTER (Name, Address, Symbol)			CASE			
			TOTAL COST			
18. ELIGIBILITY STATUS SC NSC			20. INSTRUCTIONS TO CONTRACTOR - MAIL TO:			
			VETERAN AT ABOVE ADDRESS		ORDERING FACILITY - EYE CLINIC	
					ORDERING FACILITY - PROSTHETIC	
			21. SIGNATURE AND TITLE OF APPROVING OFFICIAL			

PART IV - TO BE COMPLETED BY CONTRACTOR

22. COMMENTS:	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		
	24. OBLIGATION SYMBOL (order will be rejected unless completed)	25. ORDER DATE <i>(mm/dd/yyyy)</i>	26. ESTIMATED DELIVERY DATE <i>(mm/dd/yyyy)</i>
	27. SIGNATURE OF COMPANY OFFICIAL		28. DATE <i>(mm/dd/yyyy)</i>