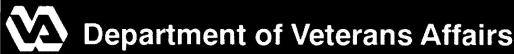


**NOTE: Instructions are written for a multi-part form. Print additional copies as necessary.**

OMB Number: 2900-0188  
 Estimated Burden: 4 minutes  
 Expiration Date: xx/xx/xxxx



**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.

**PRIVACY ACT INFORMATION:** The information requested on this form is solicited under authority of Title 38, U.S.C., Veterans Benefits, and will be used to determine your eligibility/entitlement and reimbursement of individual claims, and identify your medical records. Additional information may be solicited during the course of processing your application. The information you supply may also be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records" 24VA136, published in the Federal Register. Disclosure is voluntary, however, failure to furnish the information will result in our inability to process your request promptly and serve your medical needs. Failure to furnish the information will have no adverse effect on any other benefits to which you may 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. LAST 4 DIGITS OF SSN (mandatory)
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**PART II - TO BE FULLY COMPLETED BY EXAMINING OPHTHALMOLOGIST OR OPTOMETRIST**

<b>DISTANCE</b>	R	3A. SPHERE	3B. CYLINDER	3C. AXIS	3D. PRISM	3E. BASE	3F. BC	3G. MRP	4. MEDICAL JUSTIFICATION*
	L								
<b>NEAR</b>	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
									(mm/dd/yyyy)

**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			
			CASE			
			17. ORDERING VA MEDICAL CENTER (Name, Address, Symbol)			TOTAL COST
20. INSTRUCTIONS TO CONTRACTOR - MAIL TO:						
VETERAN AT ABOVE ADDRESS		ORDERING FACILITY - EYE CLINIC				
18. ELIGIBILITY STATUS                      SC                      NSC			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 (mm/dd/yyyy)	26. ESTIMATED DELIVERY DATE (mm/dd/yyyy)
	27. SIGNATURE OF COMPANY OFFICIAL		28. DATE (mm/dd/yyyy)