
IV. OPTICAL LABS

A. PRISON INDUSTRY AUTHORITY (PIA)

IEHP's contract with DHS requires that Providers use the Prison Industry Authority (PIA) for all spectacle lens fabrication for IEHP Medi-Cal Members. Providers must use the PIA optical laboratory that corresponds to the county of their practice. Providers are prohibited from using a non-PIA or private optical laboratory for lens fabrication without prior authorization from the IEHP Vision Department. The designated PIA optical laboratory for San Bernardino and Riverside Counties is located at the Valley State Prison for Women.

LABORATORY SERVICES

IEHP Providers must have a state issued Medi-Cal provider number to submit lens orders to PIA. Providers must use the PIA Lab Order Form (see Attachment IV.a.2)

When ordering replacement lenses for a Member's existing glasses, the Member's frames must accompany the lab order. When ordering lenses for a new pair of glasses, the new frames must accompany the lab order. PIA does not replace or repair frames supplied by the Provider unless PIA is responsible for damage to the frames.

ORDERING PIA SERVICES

- **Riverside and San Bernardino County Providers**
Providers must use Valley State Prison for Women when ordering all lens (except glass) prescriptions.

Valley State Prison for Women
Optical Laboratory
23370 Road 22
Chowchilla, CA 93610-4329
(800) 377-8953
(559) 665-5147 Fax

- **NOTICE:** The California State Prison at Calipatria is no longer the designated PIA laboratory for Providers with offices in San Bernardino County.

- **Los Angeles County Providers**
Providers must use R.J. Donovan Correctional Facility when ordering all lens (except glass) prescriptions.

R.J. Donovan Correctional Facility
Optical Laboratory
480 Alta Road
San Diego, CA 92179-0002
(800) 772-1226
(619) 671-7581 Fax

IV. OPTICAL LABS

A. PRISON INDUSTRY AUTHORITY (PIA)

- **Glass Lenses**

Providers must use California State Prison - Solano when ordering glass lens prescriptions.

California State Prison - Solano
Optical Laboratory
2100 Peabody Road
Vacaville, CA 95687-6615
(800) 700-9861
(707) 454-3214 Fax

Before ordering PIA services, Providers must verify eligibility and obtain the Member's county and aid code by calling the Vision IVR at (888) 355-2234, AEVS at (800) 456-2387 or through IEHP's Online Eligibility Verification System at www.IEHP.org. Providers must include the Member's 14-digit Medi-Cal ID number, as shown on the Benefit Identification Card (BIC) (see Attachment II.b for a sample of the BIC), on the PIA lab order. Please refer to Section II "Member Eligibility" for further details.

Only materials covered by Medi-Cal can be ordered from PIA. Non-covered benefits, such as executive-style lenses and polycarbonate lens material cannot be supplied by any PIA laboratory.

PIA supplies the following lens styles in CR39 plastic and glass materials:

- Single vision
- Round segment 22 bifocal
- Flat top 28 and 35 bifocal
- Flat top 7X28 trifocal
- Aspheric and nonaspheric full field and lenticular lenses
- Balance lenses

The following lens items may be provided at a PIA optical laboratory:

- Prism
- Slab-off
- Fresnel prism

Note: If recipients require different lens styles and materials, Providers must obtain prior authorization by submitting a Vision Exception Request (VER) with medical justification to IEHP. Refer to the Attachment VI.b.1 *VER Quick Reference Guide* in this manual for more information.

IV. OPTICAL LABS

A. PRISON INDUSTRY AUTHORITY (PIA)

Non-covered ophthalmic lens materials must be ordered from an IEHP designated contract laboratory with authorization only.

When ordering medically necessary absorptive lenses, medical justification must be provided. See Attachment IV.b.1 “List of Tint Justifications – Medical Conditions” or Attachment IV.b.2 “List of Tint Justifications - Medications” and Section III “Benefit Plans” for specific requirements.

Note: PIA optical laboratories are subject to all Medi-Cal billing requirements.

PIA Optical Laboratory Order Books/Forms may be obtained by calling the toll-free phone number for the appropriate optical laboratory as listed above.

DELIVERY and COURIER SERVICES

Most eyewear that is fabricated by PIA optical laboratories is delivered to dispensing optical providers by existing private courier services. Where no such service exists, the PIA optical laboratory will use United Parcel Service (UPS) or a comparable delivery service. Where neither service is available, the laboratory will send eyewear through the United States Postal Service (USPS).

Vision Care providers are responsible for using the appropriate delivery service in their areas to submit orders to PIA optical laboratories.

On May 1, 2004, NCM Direct Delivery replaced Consolidated Routing Incorporated as the courier for all Prison Industry Authority (PIA) optical packages. To ensure that packages are delivered in an accurate and timely manner, NCM and PIA require the following for package pick-up:

- Packages must be clearly marked with the full origin and “Deliver To” address.
- Packages must contain either a bar code packing label or tracking number on the box.

For offices with Internet access, the bar code packing label may be printed directly from NCM’s Web site at www.ncmdirect.com. For offices without Internet access, the tracking number may be obtained by calling NCM toll-free at 1-800-734-4626.

Providers can also access the NCM Web site or call 24 hours a day, seven days a week for customer service inquiries, instructions in placing an order using the NCM Web site or package pick-up and/or tracking information.

IV. OPTICAL LABS

A. PRISON INDUSTRY AUTHORITY (PIA)

NCM Direct Delivery
www.ncmdirect.com
(800) 734-4626

PIA ON-LINE ORDERING and TRACKING

Order and Track your PIA orders On-Line!

The California Prison Industry Authority now offers the PIA Optical Web Site that allows Vision Service Providers the convenience of ordering and viewing order status on-line, thus increasing customer service.

Using this secure service, registered system users can obtain information on the status of their orders for optical lenses.

- Check your recent orders by clicking [Recent Activity]
- Look up a specific Rx by clicking [Rx Search]
- Order new PIA lab order forms by clicking [Order Rx Forms]
- Account maintenance and password change [Change Password]

Set up your username and password at www.pia.ca.gov.

Official PIA Website
(866) 742-1542
www.pia.ca.gov

IV. OPTICAL LABS

B. IEHP DESIGNATED CONTRACT OPTICAL LABS

IEHP's Healthy Kids Program and all non-covered Medi-Cal ophthalmic lens material orders require use of an IEHP designated contract optical lab.

LABORATORY SERVICES

When ordering replacement lenses for a Member's existing glasses, the Member's frames must accompany the lab order. When ordering lenses for a new pair of glasses, the new frames must accompany the lab order. The designated contract lab does not replace or repair frames sent by the Provider unless the lab is responsible for damage to the frames.

ORDERING IEHP OPTICAL LAB SERVICES

Providers must use one of the following IEHP designated contract optical labs when ordering all lens prescriptions for Healthy Kids Members and all Medi-Cal non-covered ophthalmic lens materials. IEHP Providers must use the IEHP Lab Order Form (Attachment IV.c.2 "IEHP Lab Order Form") when ordering materials from an IEHP designated contract lab.

Kaban Optical Inc.

1729 E. Palm Canyon Drive, Suite 114
Palm Springs, CA 92264-1612
(800) 464-5508
(760) 322-6407 Fax

Express Lens Lab

17150 Newhope Street, Suite 305
Fountain Valley, CA 92708-4251
(714) 545-1024
(714) 556-2026 Fax

Before ordering services for Healthy Kids Members, Providers must verify eligibility by calling the Vision IVR at (888) 355-2234 or through IEHP's Online Eligibility Verification System at www.IEHP.org. Before ordering services for Medi-Cal Members, Providers must have prior authorization from IEHP to use a designated contract lab. Please refer to Section II "Member Eligibility" for further details.

When ordering medically necessary absorptive lenses, medical justification must be provided. See Attachments IV.b.1 "List of Tint Justifications – Medical Conditions" or IV.b.2 "List of Tint Justifications - Medications" and Section III "Benefit Plans" for specific requirements.

IEHP designated contract optical lab order forms may be obtained by contacting your IEHP PSR at (909) 890-2958 (see Attachment IV.c.1 "IEHP Contracted Optical Lab – Order Form Instructions" and Attachment IV.c.2 "IEHP Lab Order Form").

IV. OPTICAL LABS

C. CONTACT LENS AND LOW VISION SUPPLIERS

Medically necessary optical appliances such as contact lenses and low vision aids are available to Members after a VER has been submitted requesting such services and has been approved by IEHP.

OBTAINING CONTACT LENSES:

Providers must order contact lenses from their preferred contact lens distributor or manufacturer. Providers will be invoiced directly from their contact lens vendor. Providers will be reimbursed for the contact lens materials according to the Medi-Cal fee schedule for the type of lenses dispensed (V2500 – V2523).

OBTAINING LOW VISION AIDS:

Providers must order low vision aids from their preferred low vision aid distributor or manufacturer. Providers will be invoiced directly from their low vision aid vendor. Providers will be reimbursed for the low vision materials according to the reimbursement formula shown on Page VII.B.4.

PIA LAB ORDER FORM INSTRUCTIONS

Explanation of Form Items

The following item numbers and descriptions correspond to the sample *California Prison Industry Authority Optical Order Form* on the previous page. All items must be completed unless otherwise noted in these instructions.

<u>Item</u>	<u>Field</u>	<u>Description</u>
1.	MEDI-CAL ID NO.	Enter the 14-character recipient identification number as it appears on the Benefits Identification Card (BIC).
2.	DATE OF BIRTH	Using two digits for the month and year, enter the recipient's month and year of birth. For example, if the recipient's month and year of birth is January 1945, enter "0145".
3.	GENDER	Mark "M" for male or "F" for female. Obtain the sex indicator from the BIC.
4.	PATIENT'S NAME	Enter the recipient's last and first name as it appears on the BIC. Avoid nicknames or aliases.
5.	COUNTY	Enter the recipient's county code as indicated on the Point of Service (POS) network, which includes the POS device, Automated Eligibility Verification System (AEVS), the Medi-Cal Web site on the Internet at www.medi-cal.ca.gov and state-approved vendor software.
6.	AID CODE	Enter the recipient's aid code as indicated on the POS device, AEVS, Medi-Cal Web site or state-approved vendor software.
7.	DATE RECEIVED	Leave blank (to be completed by PIA optical laboratory).
8.	TRAYED BY AND TRAY NO.	Leave blank (to be completed by PIA optical laboratory).
9.	LENS TYPE	Indicate CR39 plastic or glass lens type.
10.	GLASS IMPACT RESISTANCE	Indicate preference for chemical or heat treatment.

<u>Item</u>	<u>Field</u>	<u>Description</u>
11.	PRESCRIPTION	Enter the complete prescription for each eye, including sphere, cylinder, axis, pupillary distance, prism, and base. For eyeglass prescriptions, clearly indicate plus (+) and minus (-) signs and decimal points (.).
12.	CHECK LENS STYLE	Indicate single vision, bifocal (Round 22, FT 28 or FT 35), trifocal (FT 7X28), or cataract (FT 22 or Round 22, Full Field or Lenticular).
13.	ADD POWER AND SEGMENT HEIGHT	Enter add power and segment height for each eye, if applicable.
14.	TINT	Indicate tint, photogrey or transition lenses, if applicable. Note: Refer to the requirements for absorptive lenses listed under “Program Coverage” in the <i>Eyeglass Lenses</i> section of this manual.
15.	FRAME REQUEST	Indicate whether frame will be supplied by PIA or is enclosed with the order. If the frame is enclosed, indicate whether it is a new or used frame. Do not send case, straps or specialty attachments with frame(s).
16.	FRAME SELECTION	Indicate frame manufacturer, style, eye and bridge sizes, temple measurement, and color. Note: Safety frames and lenses are not Medi-Cal benefits and may not be ordered from PIA.
17.	SPECIAL INSTRUCTIONS	Include any special instructions regarding the optical order. The following must be included in the <i>Special Instructions</i> field, if applicable:
	Tint and Absorptive Lenses	Enter medical justification for tint and absorptive lenses.
	Single Vision Lenses in Lieu of Bifocals	When ordering two pairs of single vision eyeglasses in lieu of bifocals, complete two separate PIA optical order forms. For each pair of eyeglasses, indicate “1 of 2” or “2 of 2”.
18.	CERTIFIED	Leave blank (to be completed by final inspector at PIA optical laboratory).

PIA LAB ORDER FORM INSTRUCTIONS

<u>Item</u>	<u>Field</u>	<u>Description</u>
19.	PROFESSIONAL SIGNATURE	<p>The PIA optical order form must be signed by the provider or a representative assigned by the provider. Use black ball-point pen only.</p> <p>An original signature is required. The signature must be written, not printed. Stamps, initials or facsimiles are not acceptable. The signature does not have to be on file at EDS.</p>
20.	DATE OF SERVICE	In six-digit, MMDDYY (Month, Day, Year) format, enter the date the service was rendered; for example, enter 12/15/02 for December 15, 2002.
21.	TELEPHONE NUMBER	Enter provider's business telephone number, including area code.
22.	SHIP TO	Enter provider's service address, including street address, city, state, and ZIP+4 code.

Field Completion Reminders

PIA optical laboratories return a significant percentage of orders to dispensing providers due to incorrect or missing information on the *California PIA Optical Order Form*. Errors and omissions delay the receipt of eyewear by the dispensing provider because fabrication cannot begin until PIA has a complete and correct order.

Providers should remember the following when completing the PIA optical order form.

- Use only the Medi-Cal Recipients **14-digit BIC number.**
- Write legibly.
- Complete all shaded areas of the form.
- Do not staple anything to the form.
- Do not enclose copies of BICs, POS network printouts or other documents.
- Do not write any personal recipient information (such as, name, recipient identification number, birth date, address or gender) in non-specified areas of the form.

Failure to comply will cause the optical order to be returned to the provider.


PIA LAB FORM


MEDI-CAL IDENTIFICATION NUMBER											
ENTER MEDI-CAL IDENTIFICATION NUMBER UP TO BOX 14 IF APPLICABLE											
GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F				DATE OF BIRTH MO. DAY YEAR							
Note: When Requesting Tint or UV Please include Medical Justification Noted in Special Instructions.											
PATIENT'S NAME (PLEASE PRINT) LAST				FIRST							
RECIPIENT ELIGIBILITY / SHARE OF COST Prior to entering PIA services, providers must verify recipient eligibility through the Point of Service (POS) device, Claims and Eligibility Real-Time System (CERTS) software, Automated Eligibility Verification System (AEV), the Medi-Cal Website or vendor-supplied software.											
CALIFORNIA PRISON INDUSTRY AUTHORITY OPTICAL COUNTY AID CODE						PIA ORDER FORM DATE RECEIVED			SHIP TO		
CTRL NO. YC 77518 At photo press mark time in box, start off by internet SLASH-NOPT RESISTANCE.											
TRAY BY: TRAY NO. <input type="checkbox"/> DS 14 <input type="checkbox"/> SLASH <input type="checkbox"/> CHEM TREAT <input type="checkbox"/> HEAT TREAT											
CHECK APPROPRIATE LENS STYLE											
SINGLE VISION			BIFOCAL			TRIFOCAL			CATARACT 20 Seg with center		
<input type="checkbox"/> SINGLE VISION	<input type="checkbox"/> BIFOCAL	<input type="checkbox"/> TRIFOCAL	<input type="checkbox"/> FLATTOP 20	<input type="checkbox"/> FLATTOP 20	<input type="checkbox"/> FLATTOP 20	<input type="checkbox"/> FLATTOP 20	<input type="checkbox"/> FLATTOP 20	<input type="checkbox"/> FLATTOP 20	<input type="checkbox"/> FLATTOP 20	<input type="checkbox"/> FLATTOP 20	<input type="checkbox"/> FLATTOP 20
SPHERE		CYLINDER		AXIS		PUPILARY DISTANCE		PRISM		BASE	
R											
L											
ADD POWER		SEG. HEIGHT		LAV		PRM		BPR		OSM	
R											
L											
Frame Manufacturer		Frame Style		Eye Size		Bridge Size		Temple		Color	
SPECIAL INSTRUCTIONS						CONTINUED - PIAA instructions					
Do not include, check, or specify adjustments with lenses											
PROFESSIONAL SIGNATURE						DATE OF SERVICE			TELEPHONE		
						()					
THIS RX IS FABRICATED TO MEET THE REQUIREMENTS OF AMERICAN NATIONAL STANDARDS INSTITUTE Z80.1-1972						SHIP TO					

Figure. Sample Completed California Prison Industry Authority Optical Order Form.

PIA LAB FORM

Use Black Ink or #2 Pencil - Press Firmly

MEDI-CAL ID NO.										DATE OF BIRTH				
IF THE ID# CONTAINS A CHARACTER USE COLUMN #9										MO		YR		
1	2	3	4	5	6	7	8	9	1	0	2	4	5	
GENDER <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F (3)										(1)		(2)		
Note: When Requesting Tint Please Include Medical Justification Noted In Special Instructions.														
PATIENT'S NAME (PLEASE PRINT): (4)				LAST: DOE				FIRST: JANE						
CALIFORNIA PRISON INDUSTRY AUTHORITY OPTICAL														
COUNTY (5)		AID CODE (6)		HEALTH COVERAGE (7)					ORDER FORM DATE RECEIVED (8)					
34		60		NONE										
CTRL NO. AD 00022				All shaded areas must have an entry, or RX will be returned										
TRAYED BY: (9)		TRAY NO:		<input checked="" type="checkbox"/> CR 39 <input type="checkbox"/> GLASS (10)		GLASS IMPACT RESISTANCE:			<input type="checkbox"/> CHEM. TREAT <input checked="" type="checkbox"/> HEAT TREAT (11)					
SPHERE		CYLINDER		AXIS		PUPILLARY DISTANCE		PRISM		BASE				
						FAR		NEAR						
R (12)		+1.00		- .50		180		67		64				
L		+1.00		- .50		180				R				
								L		L				
CHECK APPROPRIATE LENS STYLE (13)														
SINGLE VISION			BIFOCAL			TRIFOCAL			CATARACT 22 Seg width only					
<input type="checkbox"/> SINGLE VISION			<input type="checkbox"/> ROUND 22			<input checked="" type="checkbox"/> FLATTOP 28			<input type="checkbox"/> FLATTOP 7x28			<input type="checkbox"/> FLATTOP 22		
			<input type="checkbox"/> FLATTOP 35			50% Intermediate			<input type="checkbox"/> ROUND 22			<input type="checkbox"/> FULL FIELD		
												<input type="checkbox"/> LENTICULAR		
ADD POWER (14)			SEG. HEIGHT			UV		PINK		BRN (15)		GRAY		
+2.00			20			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
						Supply PIA Frame		Frame Enclosed		New Frame		Used Frame		
						<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Frame Manufacturer			Frame Style			Eye Size		Bridge Size		Temple		Color		
WORLD OF FRAMES (17)			S208					18		140		CR/BL		
SPECIAL INSTRUCTIONS: (18)										CERTIFIED: - FINAL INSPECTOR (19)				
*Do not send case, straps, or specialty attachments with frame(s)														
PROFESSIONAL SIGNATURE: (20)						DATE OF SERVICE: (21)			TELEPHONE: (22)					
<i>Larry Smith, O.D.</i>						12/15/02			☎(6) 555-1234					
THIS RX IS FABRICATED TO MEET THE REQUIREMENTS OF AMERICAN NATIONAL STANDARDS INSTITUTE Z80.1-1972						SHIP TO: (23)								
						LARRY SMITH, O.D. 123 MAIN STREET, SUITE 12 SACRAMENTO, CA 90001								



AD00022

Figure. Sample Completed California Prison Industry Authority Optical Order Form.

MEDICAL CONDITIONS

That may qualify absorptive lens tint as medically necessary.

Accommodative Spasm	Lupus
Albinism	Macular Degeneration
Aniridia	Macular Drusen
Aphakia	Migraine
Cancer	Multiple Sclerosis
Central Retinal Vein Occlusion	Neurofibromatosis
Cataracts	Nystagmus
Cone Dystrophy	Opacified Posterior Capsule
Corneal Damage/Disease	Ophthalmic Neuralgia
Corneal Dystrophy	Optic Nerve Atrophy
Diabetes	Optic Nerve Damage/Disease
Diabetic Retinopathy	Papilledema
Dry Eye	Parkinson's Disease
Epilepsy	Planitis
Episcleritis	Pinguecula
EKC (Epithelial)	Prosthetic Eye
Eye Surgery/Injury/Trauma	Pseudophakia
Fixed Dilated Pupil	Pterygium
Glaucoma	Retinal Disease/Trauma
Hemianopia	Retinitis
Herpes Keratitis	Retinitis Pigmentosa
Histoplasmosis	Rod Dysfunction
Iritis	Sarcoidosis
Iridoplegia	Toxoplasmosis
Keratopathy	Uvietis/ Vitritis
Legal Blindness	

MEDICATIONS

That may qualify absorptive lens tint as medically necessary.

GENERIC NAME	BRAND NAME(S)	DRUG CLASS	INDICATIONS
albuterol	Ventolin, Proventil	beta-adrenergic	asthma
amiodarone HCL	Cordarone, Pacerone	anti-arrythmia	arrythmia
amitriptyline HCL	Elavil	anti-depressant	depression
azidothymidine	AZT, Retrovir	antivirus	HIV
beclomethasone	Vancenase	corticosteroid	allergic rhinitis
benztropine mesylate	Cogentin	anti-cholinergic	Parkinson's
bupirone	BuSpar	anti-depressant	depression
carbamazepine	Tegretol	anti-convulsant	seizure disorders
celecoxib	Celebrex	NSAID	inflammation
chlorpromazine	Thorazine	antipsychotic	schizophrenia
clomipramine	Anafranil	anti-depressant	depression
clonazepam	Klonopin	antianxiety	anxiety
deferoxamine mesylate	Desferal	chelating agent	acute iron intoxication
desipramine HCL	Norpramin	antidepressant	depression
diclofenac	Voltaren	NSAID	inflammation
divalproex Na	Depakote	anti-convulsant	migraine
doxepin HCL	Sinequan	antidepressant	depression
erythromycin	Erythromycin, EES	antibiotic	bacterial infection
flunisolide	Aerobid, Nasarel	corticosteroid	asthma
fluoxetine	Prozac	antidepressant	depression
furosemid	Lasix	diuretic	hypertension
gabapentin	Neurontin	anti-convulsant	seizure disorders
haloperidol	Haldol	antipsychotic	schizophrenia
hydrochlorothiazide	Dyazide, HCTZ	diuretic	hypertension
hydroxychloroquine	Plaquenil	antimalarial	malaria, rheumatoid arthritis
indomethacin	Indocin	NSAID	inflammation
lithium carbonate	Lithobid	antipsychotic	bipolar disorder
methyl dopa	Aldomet, Aldochlor	decarboxylase inhibitor	hypertension
mipramine HCl	Imipramine	anti-depressant	depression
nabumetone	Relafen	NSAID	anti-arthritis
nifedipine	Procardia, Adalat	Ca++ channel blocker	hypertension
nortriptyline HCL	Aventyl, Pamelor	antidepressant	depression
olanzapine	Zyprexa	antipsychotic	schizophrenia
paroxetine HCL	Paxil	antidepressant	depression
perphenazine	Trilafon	antidepressant	depression
phenobarbital		sedative	insomnia, anxiety, seizure disorders
phenytoin	Dilantin	anti-convulsant	seizure disorders
propranolol	Inderal	beta blocker	hypertension
ranitidine HCl	Zantac	H2 Inhibitor	Duodenal ulcers / GERD
risperidone	Risperdal	antipsychotic	schizophrenia
thioridazine	Mellaril	antipsychotic	schizophrenia
thiotixene	Navane	antipsychotic	schizophrenia
timolol maleate	Timoptic	beta-blocker	glaucoma
trazadone	Desyrel	antidepressant	depression
trifluoperazine	Stelazine	antipsychotic	schizophrenia
trihexyphenidyl HCL	Artane	anti-cholinergic	Parkinson's
zidovudine	AZT, Retrovir	antivirus	HIV

IEHP Lab Order Form



INLAND EMPIRE HEALTH PLAN
A Public Entity

Claims Remittance To:
IEHP
Claims Department – Vision
P.O. Box 10129
San Bernardino, CA 92423

Member Name:		Member ID#:		Auth#:		Order Date:	
Date of Birth:		Tray#:		Date Received:			
	SPHERE	CYLINDER	AXIS	PD		PRISM	BASE
				FAR	NEAR		
R							
L							
CHECK APPROPRIATE LENS STYLE							
SINGLE VISION		BIFOCAL		TRIFOCAL		MATERIAL	
<input type="checkbox"/> SINGLE VISION V2100		<input type="checkbox"/> ROUND 22 V2200-28		<input type="checkbox"/> FLAT 28 V2200-28 <input type="checkbox"/> FLAT 35 V2200-35		<input type="checkbox"/> FLAT 7X28 50% Intermed V2300 <input type="checkbox"/> CR-39 <input type="checkbox"/> GLASS	
	ADD	SEG HEIGHT	TINT: *Must include medical justification in special instructions				
R			<input type="checkbox"/> UV V2755	<input type="checkbox"/> PNK 1 2 V2740	<input type="checkbox"/> BRN 1 2 3 V2740	<input type="checkbox"/> GRY 1 2 3 V2740	<input type="checkbox"/> PGX V2799-SV V2799-BI
L			<input type="checkbox"/> Frame Enclosed <input type="checkbox"/> New Frame <input type="checkbox"/> Used Frame				
Frame Manufacturer		Frame Style	Eye Size	Bridge Size	Temple	Color	
Add Ons (VER REQUIRED) <input type="checkbox"/> VIP X/L Progressives V2781 <input type="checkbox"/> Multi-Layer Anti-Glare V2750 <input type="checkbox"/> Polycarbonate S0580-SV/S0580-BI <input type="checkbox"/> Scratch Resist V2760 <input type="checkbox"/> Plastic Photochromic V2744 <input type="checkbox"/> Other _____ * Do not send case, straps, or specialty attachments with frame(s)						Special Instructions: (Include medical justification for tint and/or special instructions for lab)	
PROFESSIONAL SIGNATURE:			DATE OF SERVICE:		TELEPHONE: ()		
White – Lab Copy Yellow – Lab Billing Copy Pink – Packing Slip/Mailing Label Goldanrod – Doctor's Copy			SHIP TO:				