



THIS FORM IS ONLY FOR RECORDING ORDER INFORMATION BEFORE ONLINE ORDER ENTRY AT CHANGINGLIFETHROUGHLENSES.ORG. THIS CANNOT BE USED AS AN EXAM FORM/PRESCRIPTION. DO NOT MAIL THIS ORDER FORM TO A US LAB. ALL US ORDERS MUST BE PLACED ONLINE.

GENERAL INFORMATION										
Prescribing Doctor*					Doctor NPI/License #					
Patient First Name*					Patient Last Name*					
Referral Organization					Order Reference/PO					
Check all that apply:	<input type="checkbox"/> Exam Only			<input type="checkbox"/> Glasses			<input type="checkbox"/> Plano Sunglasses Only			
PATIENT DEMOGRAPHIC										
Patient DOB/Age*	__/__/__ OR ____ Years Old				Patient Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Other
Patient Ethnicity	<input type="checkbox"/> Hispanic/Latino			<input type="checkbox"/> American Indian/Alaskan		<input type="checkbox"/> Asian		<input type="checkbox"/> Black		<input type="checkbox"/> Native Hawaiian/Pacific Islander
	<input type="checkbox"/> White			<input type="checkbox"/> Two or more races						
1 st Time Glasses Wearer	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unsure		1 st Time Eye Exam	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	<input type="checkbox"/> Unsure									
ORDER INFORMATION										
Lens Type*	<input type="checkbox"/> Single Vision <input type="checkbox"/> Bifocal									
	Sphere*	Cylinder	Axis	Add	Seg Ht.	Horiz. Prism	Base	Vert. Prism	Base	OC Height
Right Eye										
Left Eye										
Distance PD*		Near PD		Medically Necessary Special Request/Instructions (Requires Approval)						
Right Eye	Left Eye	Right Eye	Left Eye							
Lens Design and Material are auto-filled on order page based on Rx parameters, the option selected below may not be offered at time of order.										
Lens Design	<input type="checkbox"/> Single Vision <input type="checkbox"/> Aspheric Single Vision <input type="checkbox"/> Flat Top 28				Lens Material	<input type="checkbox"/> Polycarbonate Clear <input type="checkbox"/> Plastic 1.67				
FRAME INFORMATION										
Job Type*	<input type="checkbox"/> Frame to Come									
Manufacturer				Brand				Model		
Frame Type*	<input type="checkbox"/> Metal Edge			<input type="checkbox"/> Zyl Edge			<input type="checkbox"/> Grooved Rimless			
Color*		Eye Size		B-Box		DBL		Temple		
Patient/Order Notes										