



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 (No Glasses Order)				<input type="checkbox"/> International Mission			<input type="checkbox"/> Order Extra Pair			
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	SegHt.	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 <input type="checkbox"/> Uncut <input type="checkbox"/> Frame & Lens										
Manufacturer				Brand				Model			
Frame Type*	<input type="checkbox"/> Grooved Rimless <input type="checkbox"/> Grooved Rimless <input type="checkbox"/> Metal Edge <input type="checkbox"/> Zyl Edge										
Color*			Eye Size			B-Box			DBL	Temple	
Patient/Order Notes											