

EYE SERVICES PRIOR APPROVAL REQUEST CONTACT LENSES

PATIENT I	NFORMAT	ION								
Name					ID Number			Sex		Date of Birth
Street Addr	ess							∐ M L	F	
City					State				Zip Code	
Provider					Ordering Physician's Name, Address, Zip Code					
LIGE CNIELLEN NOTATION										
USE SNELLEN NOTATION Prior Rx Date VA with Old Rx VA No					NEW Rx Date Co				Co	rrected VA
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Distance	R	R		R		Distance	R		R	
Near or	L R	L R		L R		Near or Add	L R		L R	
Add	L	L		L		rvear or reac	L		L	
COMMENTE / LIETURE ATIONS										
Comments/Justifications										
Dair of contact lances Diagnosis of largacopus of 12.00 of anisometropis are competion of 16.00 diagnoses										
Pair of contact lenses Diagnosis of keratoconus of <u>+</u> 3.00 of anisometropia or a correction of <u>+</u> 6.00 diopters										
Single contact lenses Monocular aphakia										
Date of Exam Provider Na			ider Name			Pr	Provider Signature			
RECOMMENDATIONS										
Date Reviewer										