

DAVIS VISION

EYECARE REFRAMEDSM
EXAM ONLY FORM

Panel#: _____

Panel Fax#: _____ Date: _____

***NOTE: If exam only services were provided (no material order), complete the information below.
A separate LAB ORDER FORM is not required for exam only patients.**

PATIENT NAME	AUTHORIZATION NUMBER	PRACTITIONER IDENTIFIER	DATE OF SERVICE	EXAM SERVICES		
				DILATION	CPT CODE	ICD-9 CODE
1				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
2				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
3				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
4				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
5				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
6				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
7				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
8				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
9				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
10				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
11				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
12				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
13				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
14				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
15				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
16				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
17				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____
18				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 92002 <input type="checkbox"/> 92012 <input type="checkbox"/> 92004 <input type="checkbox"/> 92014	<input type="checkbox"/> V72.0 <input type="checkbox"/> _____

E-mail Address: Orders@davisvision.com

or

Fax: 1-800-933-9375