

# DAVISVISION®

SEE LIFE

## LABORATORY ORDER FORM

PANEL #: \_\_\_\_\_ PRACTITIONER IDENTIFIER: \_\_\_\_\_

SERVICING PRACTITIONER NAME: \_\_\_\_\_

AUTHORIZATION #: \_\_\_\_\_ MEMBER ID#: \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ PANEL FAX # \_\_\_\_\_

Pair # (1= 1st pair, etc.): \_\_\_\_\_ TYPE: Dress  VDT  Safety  Date of Service \_\_\_\_\_

TYPE: REDO  Redo Reason: \_\_\_\_\_ EXCEL ADVANTAGE  EXCEL ADVANTAGE  EXCEL ADVANTAGE

**SERVICES:**

Examination: Yes  No

Contact lens evaluation and fitting: Yes  No

If yes: Daily Wear  or Extended Wear

Contact lens evaluation and fitting cost\* \$ \_\_\_\_\_

Is this an occupational/VDT exam\*: Yes  No

\*Only applicable for specific groups; please refer to group specific plan outline.

**The information below is required to process an exam order.**

Is this a new patient? Yes  No

Did you provide a comprehensive exam? Yes  No

Dilation: Yes  No

Primary Diagnosis (ICD-9) Code (required): \_\_\_\_\_

Secondary Diagnosis Code (if any): \_\_\_\_\_

**LENS MATERIALS:**

Plastic  High Index  (Specify Index: \_\_\_\_\_)

Plastic Photosensitive  GRY \_\_\_ BRN \_\_\_ TYPE \_\_\_\_\_

Polycarbonate  (No charge for dependent children, monocular patients and/or prescriptions +/- 6 diopters or greater.)

Glass  PGX \_\_\_ PBX \_\_\_ CLR \_\_\_\_\_

Other  (Specify Other: \_\_\_\_\_)

**LENS COATINGS:**

UV  ARC  TYPE \_\_\_\_\_

SCRATCH-RESISTANT COATING

COLOR OF TINT	PERCENTAGE	SOLID <input type="radio"/>
		GRADIENT <input type="radio"/>

SPECIAL INSTRUCTIONS:

**PRESCRIPTION INFORMATION:**

SPHERE	CYLINDER	AXIS	PD/DIST	PD/NEAR	PRISM
R:					
L:					

**MULTIFOCAL SPECIFICATIONS:** (NOTE: PLEASE ALWAYS SPECIFY LENS TYPE, I.E., STRAIGHT TOP 35, VARLUX COMFORT)

TYP	ADD	SEG HEIGHT	BASE CURVE	OC HEIGHT
R:				
L:				

**FRAME:**

MFG	FRAME NAME	EYE	BRIDGE	TEMPLE	COLOR	FRAME TYPE
						Plan <input type="radio"/> Non-Plan <input type="radio"/> (complete Non-Plan frame info below)

**Non-Plan Frames**

*All orders requiring a patient's frame or a frame from your office be sent to one of our Davis Vision Laboratories should be shipped with the provided packing slip the same day the packing slip is received.*

Patient's Own  Provider Supplied  Frame Cost \$ \_\_\_\_\_ (Retail Cost   
 (Wholesale Cost )

Grooved  Rimless  Full  Drilled: 2 Hole  4 Hole

Frame to follow YES  NO

IF NO: A \_\_\_\_\_ B \_\_\_\_\_ ED \_\_\_\_\_

**NON-PPLAN LENSES / CONTACT LENSES**

Patient's Own  Provider Supplied  Disposable

Type: SV  BI  TRI  Contacts  Non-Disposable

Lens Cost \$ \_\_\_\_\_ (Retail Cost)

**CONTACT LENSES:** NEW WEARER  EXISTING WEARER  (Plan Supplied)

Manufacturer: \_\_\_\_\_ Series: \_\_\_\_\_

Number of boxes per eye: \_\_\_\_\_ (if applicable, see provider outline)

SPHERE	CYLINDER	BASE	DIAMETER
R:			
L:			

**If you have any questions or do not receive a fax confirmation within 24 hours, please contact:**  
**Phone: 1-800-888-4321**

You can place orders online at [www.davisvision.com](http://www.davisvision.com)