GEORGIA DEPARTMENT OF COMMUNITY HEALTH
OPTICAL DEVICE PRESCRIPTION

DEPARTMENT OF COMMUNITY HEALTH
C/O GEORGIA CORRECTIONAL INDUSTRIES
P.O. BOX 638
TRION, GEORGIA 30753
1-800-827-2983

XXXXXXX

PRESCRIBING PROVIDER PROVIDER NUMBER

ORDERING PROVIDER NUMBER

SHIP DEVICE TO:

PROVIDER NAME

PROVIDER ADDRESS

CITY | STATE | ZIP

ORDERING PROVIDER SIGNATURE | TELEPHONE NUMBER ( )

RECIPIENT

LAST | FIRST | MI | MEMBER NUMBER

NAME

SEX | DATE OF BIRTH | DATE OF EXAM | DATE OF ORDER

PRIOR REFERRAL YES ☐ NO ☐ | POST CATARACT YES ☐ NO ☐ | TEMPLE LENGTH AND STYLE

FRAME NAME | FRAME COLOR | EYE SIZE | BRIDGE SIZE

LENS TYPE
SINGLE VISION ☐
BIFOCAL: KRYPTOX-RD SEG ☐ FLAT TOP 25 ☐

PLASTIC ☐
GLASS

REPLACEMENT ☐
REPAIR ☐

		SPH	CYL	AXIS	PRISM	BASE	DECENTER IN	DECENTER OUT
DISTANT	R							
	L							

			SEGMENT HEIGHT	SEGMENT INSET	TOTAL INSET	PD
ADD	R			R	R	FAR
	L			L	L	NEAR

SPECIAL INSTRUCTIONS:

PRIOR AUTHORIZATION NUMBER:

LEAVE BLANK

TRAY NUMBER

DMA 380 (4/03)

Example Only
Do Not Copy