

# IEHP Lab Order Form



Inland Empire Health Plan

**Claims Remittance To:**

IEHP

Claims Department - Vision

P.O. Box 4349

Rancho Cucamonga, CA 91729-4349

Member Name:		Member ID#:		Auth#:		Order Date:		
Date of Birth:			Tray#:			Date Received:		
	SPHERE	CYLINDER	AXIS	PD		PRISM	BASE	
				FAR	NEAR			
R								
L								
<b>CHECK APPROPRIATE LENS STYLE</b>								
SINGLE VISION		BIFOCAL			TRIFOCAL		MATERIAL	
<input type="checkbox"/> SINGLE VISION V2100		<input type="checkbox"/> ROUND 22 V2200-28	<input type="checkbox"/> FLAT 28 V2200-28 <input type="checkbox"/> FLAT 35 V2200-35		<input type="checkbox"/> FLAT 7X28 50% Intermed V2300		<input type="checkbox"/> CR-39  <input type="checkbox"/> GLASS	
	ADD	SEG HEIGHT		<b>TINT:</b> *Must include medical justification in special instructions				
R				<input type="checkbox"/> UV <input type="checkbox"/> PNK <input type="checkbox"/> BRN <input type="checkbox"/> GRY <input type="checkbox"/> PGX 1 2           1 2 3    1 2 3    V2799-SV V2755    V2740    V2740    V2740    V2799-BI				
L				<input type="checkbox"/> Frame Enclosed <input type="checkbox"/> New Frame <input type="checkbox"/> Used Frame				
Frame Manufacturer		Frame Style	Eye Size	Bridge Size	Temple	Color		
<b>Add Ons (VER REQUIRED)</b> <input type="checkbox"/> VIP X/L Progressives V2781 <input type="checkbox"/> Scratch Resist V2760 <input type="checkbox"/> Spectralite S0590-SV/S0590-BI <input type="checkbox"/> Multi-Layer Anti-Glare V2750 <input type="checkbox"/> Plastic Photochromic V2744 <input type="checkbox"/> 1.60 S0581-SV/S0581-BI <input type="checkbox"/> Polycarbonate S0580-SV/S0580-BI <input type="checkbox"/> Other _____ * Do not send case, straps, or specialty attachments with frame(s)					<b>Special Instructions:</b> (Include medical justification for tint and/or special instructions for lab)			
PROFESSIONAL SIGNATURE:				DATE OF SERVICE:		TELEPHONE: (    )		
<b>SHIP TO:</b>								