

Healthy Montana Kids Rx Form

Patient Information and Rx													
Patient Name		<input type="checkbox"/> Mail to Patient	Birth Date			Exam Date			Invoice Number				
Address Street						ICD-9 Dx Code			Order Date				
City		State	ZIP	HMK/CHIP ID		Date Received			Date Shipped				
Sphere		Cylinder	Axis	Prism/Base	Decenter			Distance PD		Near PD			
R													
L													
Add	Near Inset	Total Inset	Seg. Height	OC Height		Center Thickness		Edge Thickness	Bifocal Style				
R									<input type="checkbox"/>				
L													
Lens Information													
Material			Lens Style		Seg. Style		Base Curve						
<input type="checkbox"/> Plastic			<input type="checkbox"/> SV				R						
<input type="checkbox"/> Glass			<input type="checkbox"/> Bifocal				L						
<input type="checkbox"/> High Index			<input type="checkbox"/> Trifocal				Lens Coating/Lens Tint						
<input type="checkbox"/> Polycarbonate			<input type="checkbox"/> Aphakic										
<input type="checkbox"/> Other													
Scratch Coat <input type="checkbox"/>													
Frame Information													
<input type="checkbox"/> Supply			<input type="checkbox"/> Lenses Only		<input type="checkbox"/> 2nd PR SV		<input type="checkbox"/> Rx Change						
<input type="checkbox"/> ZYL			<input type="checkbox"/> Metal		<input type="checkbox"/> Groove		<input type="checkbox"/> Half Eye						
Frame Name			Color		Eye Size		Bridge		Temple				
							<input type="checkbox"/> AP <input type="checkbox"/> FF		<input type="checkbox"/> SK <input type="checkbox"/> CC				
Manufacturer		Frame or Pattern No.		Frame Measurements				Shape Code		Circumference			
				A.	B.	ED:							
Note: A copy of the member's Healthy Montana Kids ID card must be attached to the prescription order.		Provider name, address, city, state, ZIP (if requested)						Reimbursement by					
								Provider		State			
								Lenses					
								Frame					
								Photo-Chromic					
								Tint					
Ultra Violet													
Scratch Coat													
Tray No.		Provider No.		TOTAL									