

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					HMK/CHIP ID			Order Date			
City		State	ZIP	ICD-10 CODE		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									<input type="checkbox"/>		
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				