

# Montana Medicaid Eyeglass Breakage and Loss Form

## A. To be completed by the patient

Please check one of the following reasons why you are requesting replacement of your eyeglasses:

- Eyeglasses have been lost or stolen (children only).
- Frame is broken.
- One lens is unusable due to scratches or breakage.
- Both lenses are unusable due to scratches or breakage.
- Other. Please explain:

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## B. To be completed by provider

- Patient brought in broken:                       Frame                       Lens                       Lenses

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Date

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Provider Signature