

Montana Medicaid 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 | | | | | | | | | <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 | | | | |