

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:

Date

Patient Signature or Parent/Guardian Signature if patient is under age 18)

B. To be completed by provider

- Patient brought in broken: Frame Lens Lenses

Date

Provider Signature