the Chickasaw Nation

Chris Anoatubby
Governor

Department of Administration / Tribal Health Division
Tribal Health Programs
1005 North Country Club Road / Ada, OK 74820 / (580) 332-2796 / Fax: (580) 332-3360 / Email address: Tribal.Health@Chickasaw.net

Eyeglasses Program Application

Reason for application: ☐ Eyeglasses ☐ Contacts

Patient information:

Name: _____
First Middle Last Suffix

Preferred name: _____ Birth date: _____

Social Security no.: _____ Gender: ☐ Male ☐ Female

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (___) _____ Cell phone no.: (___) _____ Chickasaw citizen? ☐ Yes ☐ No

Email address: _____

Preferred method of contact: ☐ Email ☐ Cell phone ☐ Home phone ☐ Mailed letter

Employer name (or employment status): _____

Emergency contact information:

Name: _____ Relationship: _____

Phone no.: (___) _____ Email address: _____

Conditions of participation:

1. Must be a Chickasaw citizen with a Chickasaw citizenship card.
2. Must submit a copy of the most recent eye exam with glasses or contact lenses prescription from the primary eye care provider.
3. Complete ordering information enclosed for frame and lenses, including fitting and dispensing measurements.
4. Page 2 of this application must be completed by the primary eye care provider.
5. The total assistance benefit of $300 will be applied to the cost of the frame and lenses. The benefit is only redeemable at Oklahoma Optical.
6. The cost of the eye exam is not included.
7. Frame overage and the cost of specialty lens material must be paid by credit/debit card or money order at the time of the order.
8. Primary eye care provider information must be submitted with the application.
9. One voucher for glasses or contact lenses will be provided every two years.
10. The voucher will be used for corrective lenses only.

I have read and understand the conditions of participation.

_____ _____
Patient signature Date

_____ _____
Parent/legal guardian signature (if applicable) Date

Form no. 11904 ADM-TH Rev. 5/2025

Incomplete applications will cause delays. Answer all questions before submitting.

Return to: The Chickasaw Nation Department of Administration
Attn: Oklahoma Optical
1005 North Country Club Road
Ada, Oklahoma 74820
Phone no.: (580) 332-2796 Fax: (580) 332-3360

Provider name: _____

Address: _____
Street City State ZIP

Phone no.: (__) _____ **Fax no.:** (___) _____

Patient name: _____

	SPHERE	CYLINDER	AXIS	PRISM	ADD
RIGHT					
LEFT					

	SEG HEIGHT	Dist PD Near		Material	SV
RIGHT				Plastic Hi-Index Polycarbonate Trivex	Sv Asph sv
LEFT					**FLAT-TOP**
					FT-28 FT-35 Executive Round
					TRI-FOCAL
					7x28 7x35 8x35 Executive
				TINT	**PROGRESSIVE**
				☐ Gradient ☐ Solid	Image (standard) (premium) Varilux
					TRANSITION
					Brown Grey

Special Instructions: Contact Lens Prescription

☐ 3.0mm

S A F E T Y

Special Coatings

☐ Scratch coat
☐ AR
☐ Polarized
☐ Mirrored
(Specify)_____

EYE SIZE	B	DBL	TEMPLE
FRAME NAME	COLOR	FRAME: Enclosed Supply To Follow Other_____ (Specify)	
FRAME MANUFACTURER			
Zyl Metal Rimless Drill			Lenses Only

For Internal Use Only:

_____ _____
Provider signature Date/time

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