

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

Return to: The Chickasaw Nation Department of Administration
 Attention: Tribal Health
 1921 Craddock Road, Suite 100
 Ada, Oklahoma 74820
 Phone: (580) 272-2704 Fax: (580) 272-1277

Printed name: _____

Address: _____
Street City State ZIP

Phone (____) _____ Fax (____) _____

Patient name: _____ Rx #: _____

	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
Special Instructions				<input type="checkbox"/> 3.0mm S A F E T Y	FT-28 FT-35 Executive Round
					TRI-FOCAL
				TINT	7x28 7x35 8x35 Executive
				<input type="checkbox"/> Gradient <input type="checkbox"/> Solid	PROGRESSIVE
				Special Coatings	Image (standard) Varilux (premium)
				<input type="checkbox"/> Scratch coat <input type="checkbox"/> AR <input type="checkbox"/> Polarized <input type="checkbox"/> Mirrored (Specify) _____	TRANSITION
					Brown Grey
EYE SIZE	EB	DBL	TEMPLE	Internal Use Only	
FRAME NAME	COLOR	FRAME: Enclosed Supply To Follow Other _____ (Specify)			
FRAME MANUFACTURER					
Zyl	Metal	Rimless	Drill	Lenses Only	

Signature of provider: _____ Date: _____