

Tribal Health Program Eyeglass Program

Patient name:					Gender: □ M □
First		Middle	Last	Suffix	
Birth date:		SSN:	_ -	_	
Current mailing address	Street		City	State	ZIP
Current why single address			•	State	ZIP
Current physical addres ☐ Same as Mailing	Street		City	State	ZIP
()	()				
() Home phone	Mobile phone				
Emergency contact name		Relationship		() Emergency contact nui	mber
Email address:		·		3,	
Employer's name (or en					
Chickasaw citizen?	, ,				
Preferred Method of cor ☐ Text ☐ Email ☐ N		☐ Home phone ☐ Ma	ailed letter		
		Conditions of	Participation:		
5. Page 2 of application eye care provider.6. Total tribal benefit of \$2.	n glasses or cont r primary eye can formation enclose e fitting and dispe- needs to be com \$200 to be applied and redeemable a	re provider. ed for frame ensing measurements. apleted by	paid by credit the time of ord 9. Provider infor 10. One voucher every two year	mation must be subm for glasses or contact	or money order a litted with application t lenses provided
7.Cost of eye exam not		d d t	disional of montinings	itana anadan da da liba a a a f	4 1
7. Cost of eye exam not	ereby understan	d and agree to all cond	ditions of participat	tion and guidelines of	the program.
7.Cost of eye exam not Under penalty of law I h	ereby understan	d and agree to all cond	ditions of participat	tion and guidelines of	the program.

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

Return to: The Chickasaw Nation Department of Administration Attention: Tribal Health 1921 Cradduck Road, Suite 100 Ada, Oklahoma 74820

Phone: (580) 272-2704 Fax: (580) 272-1277

RIGHT LEFT SEG HEIGHT Dist PD Near Material SV Asph s Plastic Hi-Index Polycarbonate Trivex 3.0mm SA A Gradient F SOII Image (standard) TRANSITION	Printed nan	ne:							
Patient name:	Address: _								
Patient name:							е		ZIP
RIGHT SEG HEIGHT Dist PD Near Material SV	hone ()	_ Fax (_)		_			
RIGHT	atient nam	ne:						Rx #:	
RIGHT		SPHERE	CYLII	NDER		AXIS		PRISM	ADD
SEG HEIGHT Dist PD Near Material SV Asph s	RIGHT								
RIGHT	LEFT								
RIGHT		SEG HEIGHT	Dist	PD	Near	Materia	ıl I		SV
Hi-Index Polycarbonate Trivex FT-28 FT-35 Executive R FT-28 FT-36 Executive R	RIGHT							Sv	Asph sv
Polycarbonate Trivex Trive	LEFT							FL	AT-TOP
TINT S A Gradient F Solid E T Y TRANSITION Special Coatings Gradient F Gradient F Gradient F F Gradien		structions						FT-28 FT-35	Executive Round
S A Gradient F Solid E T Y TRANSITION Special Coatings Scratch coat AR Polarized Mirrored (Specify) EYESIZE EB DBL TEMPLE Internal Use Only FRAME NAME COLOR FRAME: Enclosed Supply To Follow Other (Specify) FRAME MANUFACTURER	opeeia	<u> </u>			_				
A Gradient F Solid Image (standard) TRANSITION Special Coatings Scratch coat AR Polarized Mirrored (Specify) EYE SIZE EB DBL TEMPLE Internal Use Only FRAME NAME COLOR FRAME: Enclosed Supply To Follow Other Other (Specify) FRAME MANUFACTURER					S			7x28 7x35	8x35 Executive
E T Y TRANSITION Special Coatings Scratch coat AR Polarized Mirrored (Specify) EYE SIZE EB DBL TEMPLE Internal Use Only FRAME MANUFACTURER							t		
Special Coatings Special Coatings Scratch coat AR Polarized Mirrored (Specify) EYE SIZE EB DBL TEMPLE FRAME NAME COLOR FRAME: Enclosed Supply To Follow Other(Specify) FRAME MANUFACTURER (standard) (promotion of the promotion of the pro						☐ Solid		Image	Varilux
Y TRANSITION Special Coatings Brown □ Scratch coat □ AR □ Polarized □ Mirrored □ Specify □ Mirrored □ Mirrored □ Mirrored □ Specify □ Mirrored □ Mirrored □ Mirrored □ Specify □ Mirrored □ Mirrored □ Mirrored					E				(premiun
Scratch coat AR Polarized Mirrored (Specify) EYE SIZE EB DBL TEMPLE Internal Use Only FRAME NAME Other (Specify) FRAME MANUFACTURER								TRA	NSITION
□ AR □ Polarized □ Mirrored (Specify) EYE SIZE EB DBL TEMPLE FRAME NAME COLOR FRAME: Enclosed Supply To Follow Other (Specify) FRAME MANUFACTURER □ AR □ Polarized □ Mirrored (Specify) Internal Use Only					Sp	ecial Coating	gs	Brown	Grey
EYE SIZE EB DBL TEMPLE FRAME NAME COLOR FRAME: Enclosed Supply To Follow Other (Specify) FRAME MANUFACTURER Internal Use Only FRAME MANUFACTURER						atch coat			
EYE SIZE EB DBL TEMPLE FRAME NAME COLOR FRAME: Enclosed Supply To Follow Other (Specify) FRAME MANUFACTURER DBL TEMPLE Internal Use Only						arizod			
EYE SIZE EB DBL TEMPLE FRAME NAME COLOR FRAME: Enclosed Supply To Follow Other (Specify) FRAME MANUFACTURER									
FRAME MANUFACTURER Internal Use Only Color									
FRAME NAME COLOR FRAME: Enclosed Supply To Follow Other (Specify) FRAME MANUFACTURER	EYE SIZE	EB	DBL		TEMPL	E			
Other (Specify) FRAME MANUFACTURER		NAT 001.0D	EDAME					Interna	al Use Only
FRAME MANUFACTURER	FRAME NA	AME COLOR		Enclos	ed Supp	-			
		NILIEACTURER	Other			(Spe	(City)		
Zyl Metal Rimiess Drill Lenses Only			D'ada		D.31 1				
	Zyl	Metal	Rimiess		Drill L	-enses Only			
Posts	•	Connect Lon							-1
Signature of provider: Date:	ignature o	t provider:						Da	ate:
						Page 2 of 2		Form no. 0200/	1 CNDC TCH Pay 12/2