

\*\* Fax Date \_\_\_\_\_ Initials \_\_\_\_\_

## ATLANTA EYE CENTER

**Howell Mill**  
 1801 Howell Mill Rd NW  
 Suite 100  
 Atlanta, GA 30318  
 (404) 352-3414  
 Act# 2700

**Gresham Road**  
 2427 Gresham Rd SE  
 Atlanta, GA 30316  
 (404) 244-3990  
 Act# 5260

**Avondale**  
 3580 Memorial Dr  
 Decatur, GA 30032  
 (404) 284-0701  
 Act# 2660

**Marietta**  
 1785 Cobb Pkwy South  
 Marietta, GA 30060  
 (770) 955-5019  
 Act# 2680

**DATE OF SERVICE (required)	TRAY #	**Medicaid ID # (required or write N/A)	TOTAL PAID \$

Patient or Parent were educated about the option of impact resistant polycarbonate lenses.  Optician initial here:	JOB TYPE <input type="checkbox"/> <b>Frame Only</b> <input type="checkbox"/> <b>Lenses Only</b> <input type="checkbox"/> <b>New Job</b>	PATIENT LAST NAME  PATIENT FIRST NAME	PATIENT FIRST NAME
	Contact Name and Phone Number		

SEG TYPE (circle)	MATERIAL (circle)
S/V - Single Vision	Plastic Polycarb (-5.25/+4.00) Hi Index (1.67) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Add Transitions  <input type="checkbox"/> Brown  <input type="checkbox"/> Grey         </div>
FlatTop28	
Progressive <small>(requires Monocular PD)</small>	
SPECIAL	TYPE

BC		SPH	CYL	AXIS	DIST PD	NEAR	Seg Height	ADD
	R							
	L							

	DECENTRATION	OC	PRISM	BASE	THICKNESS	INSET	TOTAL
R							
L							
	IN	OUT			SPECIFY		

INSTRUCTIONS or SPECIAL NOTES:   AUTHORIZATION NUMBER:	Age*	Circle One: Required* PeachState          Wellcare Amerigroup          Paid Replacement Warranty <small>*Reg. Medicaid and PeachCare go to GCI</small>
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FRAME: If lenses only, you must right down the frame information	COLOR:
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A	B	ED	BRIDGE	TEMPLE	FPD	LENS CIRC	MARK UP
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TINT	<input type="checkbox"/> Y <input type="checkbox"/> N	PICK COLOR & STRENGTH	TREATMENTS	SPECIAL
SOLID	10%	GRY    ROS    G15	UV400 Protection  A/R-Anti-Glare	Roll and Polish
or	50%	BRN    TAN    PGX		
GRADIENT	80%	PNK    BLU    PBX		