

SWEEP OPTICAL

We're focused on you™

SWEEP OPTICAL LABORATORY
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PLEASE PRINT OR TYPE PROVIDER NAME AND ADDRESS					ORDER DATE:			
					PATIENT'S FIRST NAME & MIDDLE INIT.			
					PATIENT'S LAST NAME			
					DATE OF BIRTH			
					ID NUMBER			
					DOCTOR INDIVIDUAL NPI #:			
					DATE OF LAST SERVICE			
					THIS BOX FOR SWEEP ADMIN USE ONLY- INSURANCE			
PROVIDER PHONE:		PROVIDER NUMBER		TAXONOMY				
PROVIDER FAX:								
	SPHERE	CYL	AXIS	PRISM		BASE		OC HEIGHT
				IN	OUT	UP	DOWN	
RIGHT								
LEFT								
	ADD	STYLE (Check box)	HEIGHT	DIST. PD	NEAR PD	BASE		CURVE
RIGHT		S.V <input type="checkbox"/>						
		ST28 <input type="checkbox"/>						
LEFT		7x28 <input type="checkbox"/>						
		PRO <input type="checkbox"/>						
FRAME		EYE SIZE	BRIDGE	TEMPLE		COLOR		ALTERNATIVE COLOR
SCRATCH COATING YES NO		PRIOR AUTHORIZATION			POST CATARACT			
					DATE		REQUIRED IDC-10 CODES	
SPECIAL INSTRUCTIONS (SPECIFY AUTHORIZED ITEMS)							Primary	
							Secondary	
DATE IN:		DATE OUT:		DATE DUE:			TRAY #:	