



MINNESOTA MEDICAID OPTICAL PRODUCTS ORDER
 3801 BISHOP LANE • LOUISVILLE, KY 40218
 Fax: 1.888.902.0108 Tel: 1.800.624.4225

Order Number (KOR)		Date of Order			
Prescribing Provider Name					
Prescribing Provider NPI # _____					
Dispensing Provider Name		Dispensing Provider Account No.			
Dispensing Provider NPI # _____					
Dispensing Provider Address		City	State	Zip Code	County
Dispensing Provider Telephone		Email for Confirmation			
Date of This Service		Date of Last Service			
Patient Last Name		Medical Assistance Number _____			
Patient First Name		Patient Date of Birth _____			
Patient Address				Gender	

	SPHERE	CYLINDER	AXIS	PRISM IN	OUT	BASE UP	DN	O.C. HEIGHT
RIGHT								
LEFT								
	ADD	STYLE	SEG HEIGHT	DIST PD		NEAR PD		BASE CURVE
RIGHT								
LEFT								
LENS TYPE	MATERIAL	FRAME	COLOR	A		DBL		TEMPLE
HCPCS- RIGHT	HCPCS- LEFT	HCPCS- FRAME	HCPCS- OTHER	IC		TINTING- COLOR		TINTING- %

ICD-9 DIAGNOSIS CODE(S) (REQUIRED FOR TINTS, PHOTOCROMATIC, POLARIZED, UV & ADULT DELUXE FRAMES)

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DATE ORDER RECEIVED	DATE ORDER SHIPPED	UNIQUE MEDICAL RECORD #

SPECIAL INSTRUCTIONS (SPECIFY AUTHORIZED ITEMS)