



OHIO MEDICAID OPTICAL PRODUCTS ORDER
 3801 BISHOP LANE • LOUISVILLE, KY 40218
 Fax: 1.877.567.7328 Tel: 1.800.624.4225

Order Number (KOR)		Date of Order			
Prescribing Provider Name					
Prescribing Provider Medicaid ID#		Prescribing Provider NPI #			
Dispensing Provider Name		Dispensing Provider Account No.			
Dispensing Provider Medicaid ID#		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		Patient Medicaid ID			
Patient First Name		Patient Date of Birth			
Patient Address					

	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- %

PA NUMBER	WHAT IS PA FOR:

DATE ORDER RECEIVED	DATE ORDER SHIPPED	UNIQUE MEDICAL RECORD #

SPECIAL INSTRUCTIONS (SPECIFY AUTHORIZED ITEMS)		