

Eyeglass Order Form

IlliniCare	JAK Optical Laboratories	PO Box 3333 Peoria, IL 61612-3333 Fax 1-800-322-1822 Scan and email to lab@jakopticallaboratories.com														
Please Print or Type	JAK Account #	Provider Phone #														
Provider Number / NPI#		Provider Name														
Dispensing Provider Address																
Dispensing Provider City																
State		Zip														
P A R T I C I P A N T	Member Identification Number								PRIOR AUTHORIZATION							
	Name – Last				First				Initial							
	Street				City				State				Zip			
	Gender		Date of Birth				Date of Order									
			MM		DD		YYYY		MM		DD		YYYY			
Plastic		SV														
*Poly		Ft 28														
R	Sphere		Cylinder		Axis		Dec		Prism		Prism Direction		Lens Base			
L																
A D D L			Seg Hgt		Inset		Total		Rt. PD Far		Rt. PD Near					
									Lt. PD Far		Lt. PD Near					
Plan Frame Name				Color				Eye		Bridge		Temple				
* Polycarbonate lenses are available for children 20 and under and adults with an Rx of +/- 2.5 or greater with prior authorization.																
Special Instructions																