

Eyeglass Order Form

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 | |
| | | | | | | | |

| | | | | |
|-----------------|-------|-----|--------|--------|
| 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