



Eyeglass Order Form

JAK Optical Laboratories

Peoria, IL 61615

Phone: 800-654-2833
Fax: 800-322-1822 or
Email: lab@jakopticallaboratories.com

Please Print Legibly or Type

JAK Account Number	Provider Phone Number () -
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Provider Number/NPI	Provider Name
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Dispensing Provider Address

Dispensing Provider City, State, Zip Code

Member Information

Member ID Number

Member Name (Last, First, Initial)

Address (Street, City, State, Zip)

Gender: Male/Female	Date of Birth (MMDDYYYY)	Date of Order (MMDDYYYY)
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Frame/Prescription Information

Plastic	SV
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*Poly	FT 28
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	Sphere	Cylinder	Axis	Dec	Prism	Prism Direction	Lens Base
R							
L							

Add

	Seg Hgt	Inset	Total	PD Far	PD Near
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R					
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L					
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Plan Frame

Frame Name	Color	Eye	Bridge	Temple
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* Polycarbonate lenses are available for children under 20.
Poly also available for adults with Rx +/- 2.50 or greater with prior authorization.

Special Instructions

Please return this form to JAK Optical Laboratories via fax at 800-322-1822 or scan and email it to lab@jakopticallaboratories.com.