



# Marion Eye Center Approval Form



Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Please indicate below, the services that your club will provide

**SINGLE VISION: child (18 and under); Adult (18 and older)**

\_\_\_\_\_ Our club will pay \_\_\_\_\_ Child \$80.00-(exam and glasses)  
\_\_\_\_\_ Adult \$110.00-(exam and glasses)

**PROGRESSIVE: Thin Lens**

\_\_\_\_\_ Our club will pay **\$138.00** - (exam and glasses)

**PROGRESSIVE: Transition, Thin Lens**

\_\_\_\_\_ Our club will pay **\$208.00** - (exam and glasses)

**FRAME ALLOWANCE:** Please note that there is a Maximum frame allowance included in the above pricing.

**OTHER OPTIONS:** Any other options requested by the client will be the responsibility of the client, unless a prior arrangement for funding has been agreed upon with the Lions Club. *Marion Eye Center will offer a 20% discount on other options.*

**Please indicate**

**MARION EYE CENTERS LOCATION:** \_\_\_\_\_

Club Name: \_\_\_\_\_ District \_\_\_\_\_

Club Representative: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Please include the Payment for the full amount or this request will not be processed.  
  
Amount due for this Referral\$ \_\_\_\_\_