



Occupational Vision Care Plan Authorization Form - CLIENT COMPANY

*This form must be signed and presented at an OVC Participating Practice
When making your appointment, please inform the Optometrist's office that you are part of the OVC program*

V.003

FAX FORM TO: 1-888-376-0111

EMPLOYER/SCHOOL	EMPLOYEE/STUDENT
Employer/School Name: Red River College	Employee/Student Name: _____
Location: _____	Employee/Student Number: _____
Supervisor or Instructor Name: _____	Employee/Student Ph.: _____
Signature: _____	Department: _____
Phone: _____	

Coverage Details
Employee/Student pays all costs at dispensary, and may claim from insurance benefits if applicable.

OPTOMETRIST	EYE EXAM
Practice Name/Location (or stamp): _____ _____ _____	Examining Optometrist: _____
Contact: _____	Date of Exam: _____
	Exam Fee: <i>Employee/Student pays</i>

SAFETY EYEWEAR

Lens Specifications						
Lens Type	Material	SEG Height	OC Height	Coating Type	Sun Protection	
<input type="checkbox"/> SV <input type="checkbox"/> BF <input type="checkbox"/> PAL <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trivex <input type="checkbox"/> Plastic (CR39) <input type="checkbox"/> Polycarbonate			<input type="checkbox"/> Ultraguard <input type="checkbox"/> & Zero-Fog <input type="checkbox"/> LuxAR <input type="checkbox"/> & Zero-Fog <input type="checkbox"/> LuxAR U <input type="checkbox"/> Zero-Fog Mask <input type="checkbox"/> Clear Blue <input type="checkbox"/> UV 400	<input type="checkbox"/> Tint, Colour: _____ <small>(up to 30% density allowed as per CSA)</small> <input type="checkbox"/> Transitions Brown or Grey <small>(circle one)</small> <input type="checkbox"/> Neochrome Brown or Grey <small>(circle one)</small> <input type="checkbox"/> Polarized	
Lens Prescription						
Rx	SPHERE	CYL	AXIS	PRISM	ADD	PD
Right (OD)						
Left (OS)						
Frame Specifications						
Model #:	Eye Size	Bridge Size	Temple Size	Colour	Side Shields	
					<input checked="" type="checkbox"/> Permanent (mandatory)	

EMPLOYEE/STUDENT MUST SIGN BELOW:

I understand the OVC program will use the information contained on this form only for the purpose of fulfilling its obligation to my employer/school. All or some of the information contained on this form may be released to my employer/school, the providing optometrist, and to the OVC lab and administrator.

Signature: _____

I acknowledge receipt of safety eyewear ordered. I understand the procedures for the proper care of safety eyewear. I also understand that no safety lenses are absolutely unbreakable or shatterproof.

Signature: _____

CERTIFICATIONS

Optical Laboratory Certification

Lab Invoice #: _____

Date Completed: _____

Dispensing Certification

Safety Glasses Dispensed are as Ordered:

Optometrist Signature: _____

Date: _____

Use of materials outside CSA standards requires explicit written consent of employer and employee.