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 Outside Winnipeg Call Toll Free 1-800-362-3340
 Fax Toll Free 1-877-872-3804
 www.wcb.mb.ca

Eyeglass Form

| | | |
|-----------|---|----|
| Claim No. | E | 84 |
|-----------|---|----|

Worker Information

| | | |
|----------------|---------------|---------------|
| Name & Address | | Telephone No. |
| Gender | Date of Birth | |

Employer Information

| | |
|----------------|---------------|
| Name & Address | Firm No. |
| | Telephone No. |

Injury Details

| | |
|----------------|-------------------|
| Date of Injury | Area(s) of Injury |
|----------------|-------------------|

Materials supplied. Use code signs and indicate quantities of each used.

Lens type _____ left _____ right _____ hardened _____ tinted _____
 Frame _____
 Repair materials _____
 Basic fee _____ \$ _____
 Lens cost _____ \$ _____
 Frame cost _____ \$ _____

Any additional cost _____ Please explain _____
 \$ _____
 Refraction when authorized _____ \$ _____

REFRACTION CAN BE PAID IF ONE YEAR HAS PASSED SINCE LAST EXAM

TOTAL \$ _____
 Payment to be directed to _____

I hereby certify that the worker has been supplied with a frame and/or lenses as a duplication or equivalent replacement value to the glasses broken as a result of the incident.

 Signature of Optician and/or Optometrist

Please explain the cost difference if the customer has been supplied a frame and/or lenses other than the type broken in the incident.

Dated this _____ day of _____, 20 _____