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Worker Information

Name & Address		Phone Number
Gender	Date Of Birth	

Employer Information

Name & Address		Firm Number
		Phone Number

Injury Details

Date of Injury	Area of Injury
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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____