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 FED.ID.NO. 85-0407195

Patient Name _____ Date _____ Ins _____

Diagnosis		Diagnosis		Exam – Dilation Y or N		
Emmetropia	Z01.00	Cortical Cat	H25.01__	Refraction	92015	_____
Hyperopia	H52.0__	PSC	H25.04__	Inter. Eye Exam	92002/92012	_____
Myopia	H52.1__	NSC	H25.1__	Comp. Eye Exam	92004/92014	_____
Astigmatism	H52.22__	Choroid Nevus	D31.3__	Optomap / iWellness		_____
Presbyopia	H52.4	ChorioRetinal Scar	H31.09__	IWellness Combo		_____
Pseudophakia	Z96.1	Ret Hole/No detach	H33.32__	Contact Lenses 92310		
Refr. Amblyopia	H53.02__	Dry AMD	H35.31__	New: Simple/Complex		_____
Strab. Amblyopia	H53.03__	Mac Drusen	H35.36__	Est: Simple/Complex		_____
Susp. Amblyopia	H53.04__	Mac Pucker	H35.37__	Medically Necessary		_____
Acc Paresis	H52.52__	Ret Hemorrhage	H35.6__	Medical Exam		
Conv. Insuff.	H51.11	Other Retinal Disorders	H35.89	LvL 1 Office Visit	99201/99211	_____
Blepharitis	H01.0__	DM1 no DR	E10.9	LvL 2 Office Visit	99202/99212	_____
Viral Conj	B30.0	DM2 no DR	E11.9	LvL 3 Office Visit	99203/99213	_____
Bacterial Conj	H10.89	DM2, Mild DR,(-)ME	E11.329__	LvL 4 Office Visit	99204/99214	_____
Allergic conj	H10.45	Glc Susp	H40.0__	Special Diagnostic Procedures		
DES (Aq)	H04.12__	Narrow Angle	H40.03__	OCT – Ant Segment	92132	_____
SPK	H16.14__	OHTN	H40.05__	OCT – Optic Nerve	92133	_____
Keratoconj sicca	H16.22__	POAG	H40.11__	OCT – Retina	92134	_____
Keratoconus	H18.61__	Nerve Drusen	H47.32__	Optomap Plus	92250	_____
Corneal Neovasc	H16.43__	Floater/PVD	H43.81__	Visual Field (Int/Comp)	92082/92083	_____
CLARE	H18.82__	Flashes/Aura	H53.19	Pachymetry	76514	_____
Corneal Injury	S05.0__	Light Sensit/Strain	H53.14__	Gonioscopy	92020	_____
Corneal FB	T15.0__	Eye Pain	H57.1__	FB Removal – Cornea	65222	_____
Iritis (initial)	H20.01__	Headache	R51	Sensorymotor Eval	92060	_____
Plaquenil Use	Z79.899	Migraine + Aura	G43.109	Vision Therapy Tx	92065	_____
Rheum/Lupus	M06.09/M32.10	Other Dx:		Other:		_____

	Sphere	Cylinder	Axis	Prism	PD-Dist	PD-Near		# Boxes	# Lenses/pk	Cost/Box
OD							OD		/pk.	\$
OS							OS		/pk.	\$
OU	Add:		OC:		Doc:				Total:	\$

Frame				
Material	CR-39	Glass	Hi-Index	Poly
Style	SVD	SVC	SVN	
BF	FT-28	FT-35	EXEC	
TF	7x28	8x35		
PAL				
Tint	Solid	Gradient		
UV Coat	Included : Y / N			
Transition	Grey	Brown		
Photo	Grey	Brown		
Polarized	Grey	Brown		
Factory Scratch	Declined	1 Year Warranty		
AR				

	Manufacturer / Brand	Cycle
OD		
OS		
	Annual Supply? Y / N	

Totals		
Services	Exam / Refraction	\$
	Contact Lens Evaluation	\$
Materials	Optical	\$
	Contact Lenses	\$
Miscellaneous		\$
Subtotal		\$
	Tax	\$
U & C Total		\$
	Allowance	\$
	Discount	\$
	Co-Pay	\$
Estimated Patient Responsibility		\$

Paid	Balance	Payment			Staff	
		Cash	Credit	Debit	Tech	
		Cash	Credit	Debit	Post	

Doctor Notes:

I wish to reuse my own frame and will not hold my Doctor, Office, Staff, or Ophthalmic laboratory responsible for damage of my frame upon insertion of new lenses or adjustment

I acknowledge that I have been informed that only Polycarbonate lenses are impact resistant. All other lens materials may break and cause serious eye injury.