



Papillion Area Lions Club
P. O Box 460832
Papillion, NE 68046-0832

Papillion Area Lions Club Sight Preservation Program

Authorization for Eye Examination and Glasses

Name: _____ Age: _____

Parent's Name (if a minor): _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

The above named individual is authorized to schedule an eye examination with the following Doctor of Optometry:

Phone: _____

This authorization is good for a comprehensive eye examination to check for possible diseases of the eyes, determine a prescription for glasses, and dispense one pair of glasses (contact lens are not authorized under this service). Service beyond these must be referred to the Papillion Area Lions Club Board of Directors on a case by case basis for further assistance.

Referred by: _____ Title: _____

Authorized by: _____ Date: _____
(Lions Club Rep Signature)

(Please return completed form to the Papillion Area Lions Club at the above address. Thank you.)

Doctor's Statement

I certify that the following services have been provided to the above named individual and herewith request payment in the amount of \$ _____.

Date: _____

(Dr. Signature)

(Lions Club Use Only)

Date received: _____ Date check mailed: _____

Check number: _____

(Club Treasurer)