

Eye Thrive Glasses Order Form

If your child wears glasses, but theirs are lost or broken, Eye Thrive can help!



EYE THRIVE

Improving futures through sight

We will make and safely ship FREE prescription glasses to any child that:

- has lost or broken their glasses,
- is between the ages of 4-18, **and**
- has a current, valid* prescription.

To request new glasses for your child, please fully complete steps 1 through 4.

Step 1: Basic Information

Child's First Name: _____

Child's Last Name: _____

Child's Date of Birth: _____
(MM/DD/YYYY)

Child's Gender: Male Female

Child's School Name: _____

Home Mailing Address: _____

Street Address, Unit/Apartment Number, City, State, Zip

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Are your child's glasses: Lost Broken Other: _____

Step 2: Authorization for Glasses

On behalf of the patient, for whom I am legal guardian, I authorize Eye Thrive to dispense prescription glasses according to the current prescription provided or on file.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Step 3a: Exam Information

Complete if your child received an exam from Eye Thrive, then move to Step 4.

Date of Eye Thrive Exam: _____ Location of Eye Thrive Exam: _____

Step 3b: Exam Information and Authorization to Release Records

Complete if your child received an eye exam from a provider that is not Eye Thrive.

Name of Provider: _____
Eye Doctor, Vision Clinic, Organization

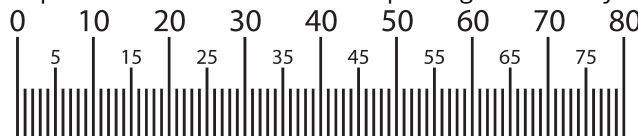
Provider Address: _____

Provider Phone Number: _____

Do you have a copy of your child's prescription? Yes No

Release Continues on Back

Please keep this ruler in case we need help fitting frames for your child.



Step 3b (Continued): Exam Information and Authorization to Release Records

Complete if your child received an eye exam from a provider that is not Eye Thrive.

On behalf of the patient, for whom I am legal guardian, I authorize the above-mentioned provider to release current prescription and prescription and/or frame and pupillary distance measurement information and relevant medical records to Eye Thrive (229 Millwell Drive, Maryland Heights, Missouri 63043). Furthermore, I authorize that the information regarding the patient above may be released, discussed and disclosed. I understand that I may revoke this authorization at any time and must do so in writing to info@eyethrive.org. Unless otherwise revoked, this consent expires one year from the date signed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Relationship to Patient: _____

- **If glasses were received from this provider, move to Step 4.**
- **If glasses were received from a different provider, move to Step 3c.**

Step 3c: Glasses Provider Information and Authorization to Release Records

Complete if your child received glasses from a different provider than his/her the eye exam, then move to Step 4.

Name of Glasses Provider: _____
Eye Doctor, Vision Clinic, Organization

Provider Address: _____

Provider Phone Number: _____

On behalf of the patient, for whom I am legal guardian, I authorize the above-mentioned provider to release current prescription and prescription and/or frame and pupillary distance measurement information and relevant medical records to Eye Thrive (229 Millwell Drive, Maryland Heights, Missouri 63043). Furthermore, I authorize that the information regarding the patient above may be released, discussed and disclosed. I understand that I may revoke this authorization at any time and must do so in writing to info@eyethrive.org. Unless otherwise revoked, this consent expires one year from the date signed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Relationship to Patient: _____

Step 4: Submit Form and Prescription to Eye Thrive

This form can be submitted by:

- email: glasses@eyethrive.org
- text: 636-789-8740
- mail: 229 Millwell Drive, Maryland Heights, Missouri 63043
- fax: 314-736-1425

Please include your child's prescription if they were seen by an outside provider.

Only prescriptions that have not expired per the dispensing doctor will be honored.

Step 5: New Glasses

After Eye Thrive receives this completed form and confirms a valid prescription, we will begin to process your order. Eye Thrive will contact you directly via phone and/or email to confirm your glasses request. *Please note that safety is our top priority.* All glasses and package contents will be minimally handled and appropriately sterilized prior to shipping directly to the home address provided above. Glasses will not be available for pick up. If you have any questions please reach out to glasses@eyethrive.org or call or text 636-789-8740.