
**UNIFORMED FIRE FIGHTERS ASSOCIATION OF JERSEY CITY
I.A.F.F., LOCAL 1066, AFL-CIO, CLC**

NAME: _____ SOCIAL SECURITY # _____

MAILING ADDRESS _____

PATIENT'S NAME: _____ DATE OF BIRTH _____

RELATIONSHIP _____ TELEPHONE #. _____

CERTIFICATION OF EXAMINER:
I HAVE EXAMINED THE ABOVE
PATIENT AND HAVE FOUND THE
FOLLOWING VISION DEFECTS:

(A) _____

(B) _____

OTHER: _____

SIGNATURE: _____

ADDRESS: _____

TELEPHONE #: _____

LICENSE #: _____

DATE: _____ FEE: _____

COVERED BY ANY OTHER INSURANCE:

YES

NO

CERTIFICATION OF OPTOMETRIST
I HAVE MADE THE FOLLOWING
GLASSES FOR THE ABOVE PATIENT:
CHECK ITEM COMPLETED:

_____ SINGLE VISION WITH FRAME

_____ BIFOCAL WITH FRAME

_____ FRAME ONLY

LENSES ONLY

_____ SINGLE VISION

_____ BIFOCAL

OTHER

_____ REPAIR ONLY

_____ TINTED

_____ HARDENED

COMPANY: _____

ADDRESS: _____

LICENSE #: _____

TELEPHONE #: _____

FEE: _____ DATE: _____

SIGNATURE: _____

MEMBERS SIGNATURE: _____ DATE: _____

TOTAL PAID _____

REMARKS _____

MAX. ALLOW. _____

PAID ____/____/____

POSTED: _____ BY: _____

CHECK #. _____
