

# See Better Learn Better

*Beneficiary Request Form 2024*

## OVERVIEW & PURPOSE

Complete beneficiary application to be eligible for 1 free pair of glasses. Frames are new with custom prescription lenses and anti-reflection coating. Funding for glasses has been provided by the members of the City of Vision Eye Care community and does not have any warranties against defects, damage or adaptation issues.

## BENEFICIARY INFORMATION

Date: \_\_\_\_\_

Patient Full Name		Patient Birthday	
Resp. Party Full Name		Resp. Party Phone #	
Responsible Party mailing address		Responsible Party Email	

Please tell us a little bit about the beneficiary, what selection means to them, and any words to the donors if selected:

Permissions for social media:

Prefer beneficiary stay anonymous

Beneficiary first name only

Beneficiary image / photo

***FOR OFFICE USE ONLY:***

*Optician:* \_\_\_\_\_

<i>Approved by:</i>	<i>Dr. Harrison</i>	<i>Dr. Flores</i>	<i>Dr. Roverse</i>	<i>Dr. Flores</i>	<i>OD Signature:</i> _____
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***SBLB FRAME:***

*(Brand / Collection / Name / Color / Size )*

*(PD / OC)*

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***SPECIAL LENS ORDER REQUEST:*** *Unless otherwise specified, all lenses will be ordered as clear SV IOF, polycarbonate, AR-B.*

***PICK UP / DISPENSE***

<i>NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>