

ORDER FOR OCULAR PROSTHETIC SERVICES

TO: Advanced Eye Prosthetics, LLC
3305 W Mayflower Ave Ste 4, Lehi, UT 84048 P: 833-208-9009 F: 866-680-1322

PATIENT NAME: _____ **DOB:** _____

DIAGNOSIS CODES:

- Z90.01 Acquired absence of eye
- Z97.0 Presence of prosthetic eye
- Q11.1 Anophthalmos
- Q11.2 Microphthalmos
- S05.8X1D Other injuries of right eye and orbit, subsequent encounter
- S05.8X2D Other injuries of left eye and orbit, subsequent encounter
- Other _____

DME ORDER:

RT, OD LT, OS Both, OU

- V2623 Custom ocular prosthesis, recommended every 5 years
- V2624 Polishing of ocular prosthesis, recommended every 6 months
- V2625 Enlargement of ocular prosthesis, as needed
- V2626 Reduction of ocular prosthesis, as needed
- V2627 Custom scleral cover shell prosthesis, recommended every 5 years
- V2628 Custom ocular conformer # of Units: _____

LENGTH OF NEED:

Ocular prosthesis: Lifetime

Polishing: Every 6 months

PHYSICIAN SIGNATURE: _____

DATE: _____ NPI: _____

Printed physician name: _____