

# 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: \_\_\_\_\_