



DALLAS SERVICES
Low Vision Clinic

REPLACEMENT OR REPAIR OF GLASSES

In order to replace or repair glasses, student must have received glasses from Dallas Services' Low Vision Clinic

School District: _____

School: _____

_____ Replacement of Lost Glasses (\$30.00 fee)

_____ Repair of broken frame (\$10.00 fee)

Include a copy of the eye exam with money order (*payable to the Low Vision Clinic*) or cash. If you do not have eye exam report, please check with Nurse coordinator.

Student's Name: _____

Address: _____

City/Zip: _____

Birthday: _____ Social Security or School ID # _____

School Nurse: _____

Nurse's Phone # _____ Fax : _____

DATE SEEN IN LOW VISION CLINIC: _____

(Last visit should not exceed two years or refer for new prescription.)

Low Vision Clinic use only:

_____ Repaired broken frames on _____

_____ Sent to lab on _____

_____ Make appointment to pick out new frames only

_____ Send back to Clinic for eye exam & glasses

_____ Glasses or frame not from Low Vision Clinic

_____ Other