LIGHTS' PROSTHETIC EYES INC.

CANDLETREE PROFESSIONAL CTR
1318 W CANDLETREE DR
SUITE 3
PEORIA, IL 61614
309/676-3663
DIRECT ALL MAIL TO ABOVE ADDRESS

LINCOLN BUILIDNG
44 MAIN ST
SUITE 503
CHAMPAIGN, IL 61820
217/239-5568

MYERS BUILDING
1 W OLD STATE CAPITOL PLAZA
SUITE 523
SPRINGFIELD, IL 62701
217/744-2402

PLAZA TOWERS
1736 EAST SUNSHINE
SUITE 404
SPRINGFIELD, MO 65804
417/889-0988

ESTABLISHED BY LEROY LIGHT IN 1945
CUSTOM MADE PROSTHETIC EYES - SCLERAL SHELLS - CONFORMERS
MEMBERS OF AMERICAN SOCIETY OF OCULARIST
LICENSED IN THE STATE OF ILLINOIS * LICENSED IN THE STATE OF MISSOURI

RANDY LIGHT, BOARD CERTIFIED OCULARIST (RET.)
DIPLOMATE OCULARIST
BEN LIGHT, DIPLOMATE OCULARIST
CARLEY LIGHT-SMITH, OFFICE MANAGER
GWEN LIGHT

PHONE: 309-676-3663
FAX NO: 309-676-0359
WEBSITE: www.lightseyes.com
EMAIL: lightseyesinc@comcast.net

I am referring _____ to you for service(s) marked below:

( ) Clean/Polish prosthesis

( ) Downsize/Reduction of prosthesis

( ) Enlarge/Reshape prosthesis

( ) Evaluate/Replace prosthesis

( ) Fitting of new prosthesis

( ) May use topical anesthetic if necessary

( ) **MAY PERFORM ANY OF THE ABOVE THAT IS NECESSARY**

_____ _____
PHYSICIAN'S SIGNATURE DATE

_____
PHYSICIAN'S PRINTED SIGNATURE

_____
PHYSICIAN'S **NPI** NUMBER

_____
ADDRESS

_____
CITY STATE ZIP CODE

This information is required by Medicare and all insurance companies to process claims. **THANK YOU** for your referrals and for allowing us to participate in your patients' care.

PHYSICIAN TO COMPLETE