

LIGHTS' PROSTHETIC EYES INC.

CANDLETREE PROFESSIONAL CTR
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309/676-3663

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44 MAIN STREET
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CHAMPAIGN, IL 61820
217/239-5568

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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

DIRECT ALL MAIL TO ABOVE ADDRESS

ESTABLISHED BY LEROY LIGHT 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
BOARD APPROVED DIPLOMATE OCULARIST
BEN LIGHT, DIPLOMATE OCULARIST
GWEN LIGHT, RN, BSN
CARLEY LIGHT-SMITH, OFFICE MANAGER

PHONE: 309-676-3663
FAX NO: 309/676-0359
WEBSITE: www.lightseyes.com
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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