



ADULT VISION SCREENING SUPPLY ORDER FORM

SEND THIS FORM TO:

PREVENT BLINDNESS WISCONSIN 759 N. Milwaukee St., Milwaukee, WI 53202
(414) 765-0505 Fax (414) 765-0377

Indicate when you need these materials: Month _____ Year _____

Please indicate the **QUANTITY** on the line on the left:

- _____ **Snellen 10 Foot Chart** – HOTV on reverse
- _____ **Snellen 20 Foot Chart** – Snellen letter chart
- _____ **Adult Vision Screening Supply Order Form** - MAKE YOUR OWN COPIES
- _____ **Adult Program Summary Report** - MAKE YOUR OWN COPIES

Optional materials: Please indicate the quantity on the line on the left

PUBLICATIONS - please order only ONE brochure for each individual to be screened:

- _____ ****Age Related Macular Degeneration**
- _____ ****Signs of Possible Eye Trouble In Adult**
- _____ **Common Eye Problems**
- _____ ****Cataract**
- _____ ****Diabetic Retinopathy**
- _____ ****Open Angle Glaucoma**
- _____ **Vision Resources & Services For Wisconsin Adults**
- _____ ****Growing Older with Good Vision**
- _____ **A Checklist for Your Eye Doctor Appointment**
- _____ ****Available in Spanish**

*The following items are part of our "standard screening kit" and are **not** available free of charge. We will send invoice with items.*

- _____ **Near Acuity Chart** - \$18.00 per
- _____ **Risk Assessment Forms** -\$22.00 per 100

Materials to be sent to: PLEASE TYPE OR PRINT

Revised 07/07

Name _____

Organization _____ County _____

Mailing Address (DO NOT USE P.O.BOX #) _____

City _____ Zip _____ Phone _____