# Project 20/20 Eyeglasses Recycling Center 

MEDICAL TEAM REQUEST FOR PROJECT 20/20 EYEGLASSES
(Please Submit Form Three to Six Months In Advance of Trip)

## INSTRUCTIONS FOR COMPLETING FORM

## A. MANUAL COMPLETION OF FORM

- Print the form and complete all applicable sections with a dark ink that reproduces well with fax and copy machines.
- Sign the form (complete all of section 10) and email or fax it to Project 20/20 at the address above.
- You will be contacted by Project 20/20's Medical Team Coordinator.


## B. ELECTRONIC COMPLETION OF FORM

- Print the form and prepare a rough draft.
- Open the form using Adobe Reader version XI or higher. If you do not have the latest version, you can download it for free from www.adobe.com/downloads.


Dr. Timothy Moon conducting outdoor eye exam with woman from Tibet

- NAVIGATION: You can move from field to field on the form in two ways: (1) point and click with mouse or (2) tab from field to field.
- CHECK BOXES OR BUTTONS: It is easiest to use the mouse on boxes and buttons. Alternatively, you can select a box or button with the ENTER key once you are on that spot.
- TOTALS: The form automatically calculates totals from the numbers you enter.
- SLOW SPEED: While the electronic form is handy, it is also fairly s-l-o-w. As you enter information and tab to the
 next field, the form must store and calculate that information.
- SIGNATURE: Add a written signature. Just complete all the information requested. Signature can be omitted.
- SUBMITTING THE FORM: Email the form to the persons identified in your correspondence with Project 20/20. You will be contacted by Project 20/20’s Medical Team Coordinator.
Dr. Benny Daniels
conducting eye exam in
Honduras

Thank you for working with Project 20/20 to prevent blindness in underdeveloped areas of the world. Your work will not only be a blessing to others, it will improve their lives and futures significantly.

## Project 20/20 Eyeglasses Recycling Center

## MEDICAL TEAM REQUEST FOR PROJECT 20/20 EYEGLASSES

(Please Submit Form Three to Six Months In Advance of Trip)

Trip Dates: From $\qquad$ to $\qquad$ Request Date $\qquad$ Country $\qquad$

$$
\begin{aligned}
& \text { Organization Sponsoring the Team \& Trip } \\
& \text { Address } \\
& \text { City, State, Zip } \\
& \text { Telephone ( } \quad \text { ) } \\
& \operatorname{Fax}(\square) \\
& \text { Web } \\
& \text { Vision Care Contact Person: } \\
& \text { Title: } \\
& \text { Address } \\
& \text { City, State, Zip } \\
& \text { Telephones: Work (__ ) } \\
& \text { Home ( } \quad \text { ) } \\
& \text { Cell (__ } \\
& \text { Fax ( ) } \\
& \text { E-Mail }
\end{aligned}
$$

1. Non-Discrimination. Will vision care be provided free to the poor with no discrimination as to race, gender, age, health condition, religious preference, or other characteristics?
$\bigcirc$ Yes $\bigcirc$ No (Please explain on attached sheet)
2. Responsibility. Identify Licensed Optometrist or Ophthalmologist on Team (required for Project 20/20 support):

Name and address

Copy of current license must be attached from the State of
3. SUMMARY FROM PAGES 2-4. (Automatic calculation of glasses requested from pages 2-3)
SUNGLASSES: Prescription $\qquad$ + Children's $0 \quad 0$
(Note: Project 20/20 recommends that teams take 3 to 4 times as many eyeglasses as the number to be dispensed. This ratio usually provides a reasonable range of prescriptions to meet varying patient needs. Extra, unused glasses should be returned to Project 20/20 immediately after the trip-see item 8.)

Eyeglass Requests and Substitutions. Request glasses by distance vision (sphere) power in the charts below. "Singles" are glasses with sphere powers only. No trifocals or progressive lenses are provided. Unisex frames are mixed with men's frames. Substitutions: Bifocals, single power lenses, men's or women's frames may be substituted for each other if necessary to provide a sufficient number of eyeglasses. When bifocals are needed but not available, Project 20/20 suggests providing the patient with two pairs of glasses-one for distance vision and one for near vision.

## 4. Adult Eyeglasses ("Plus" Lenses Include Readers)

Glasses are usually packed in bags of 10, but we can ship fewer. If you need more than 10 of a certain power, please request glasses by tens (for example: 10, 20, 30, etc.)

| Power "Plus" Lenses | Bin | Men's \# Singles | Bin | Men's \# Bifocals | Bin | Women's \# Singles | Bin | Women's \# Bifocals | Total Requested | Total Provided by Project 20/20 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| +1.00 | B1 |  | B7 |  | H1 |  | H7 |  | 0 |  |
| +1.25 | B2 |  | B8 |  | H2 |  | H8 |  | 0 |  |
| +1.50 | B3 |  | B9 |  | H3 |  | H9 |  | 0 |  |
| +1.75 | B4 |  | B10 |  | H4 |  | H10 |  | 0 |  |
| +2.00 | B5 |  | B11 |  | H5 |  | H11 |  | 0 |  |
| +2.25 | B6 |  | B12 |  | H6 |  | H12 |  | 0 |  |
| +2.50 | C1 |  | C7 |  | 11 |  | 17 |  | 0 |  |
| +2.75 | C2 |  | C8 |  | 12 |  | 18 |  | 0 |  |
| +3.00 | C3 |  | C9 |  | 13 |  | 19 |  | 0 |  |
| +3.25 | C4 |  | C10 |  | 14 |  | 110 |  | 0 |  |
| +3.50 | C5 |  | C11 |  | 15 |  | 111 |  | 0 |  |
| +3.75 | C6 |  | C12 |  | 16 |  | 112 |  | 0 |  |
| +4.00 to +4.75 | D1 |  | D7 |  | J1 |  | J7 |  | 0 |  |
| +5.00 to +5.75 | D2 |  | D8 |  | J2 |  | J8 |  | 0 |  |
| +6.00 to +7.75 | D3 |  | D9 |  | J3 |  | J9 |  | 0 |  |
| +8.00 to +9.75 | D4 |  | D10 |  | J4 |  | J10 |  | 0 |  |
| +10.00 to +12.75 | D5 |  | D11 |  | J5 |  | $J 11$ |  | 0 |  |
| +13.00 to +25.00 | D6 |  | D12 |  | J6 |  | J12 |  | 0 |  |
| Total "+" Lenses |  | 0 |  | 0 |  | 0 |  | 0 | 0 |  |


| Power "Minus" Lenses | Bin | Men's \# Singles | Bin | Men's \# Bifocals | Bin | Women's \# Singles | Bin | Women's \# Bifocals | Total Requested | Total Provided by Project 20/20 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| -1.00 | E1 |  | E7 |  | K1 |  | K7 |  | 0 |  |
| -1.25 | E2 |  | E8 |  | K2 |  | K8 |  | 0 |  |
| -1.50 | E3 |  | E9 |  | K3 |  | $K 9$ |  | 0 |  |
| -1.75 | E4 |  | E10 |  | $K 4$ |  | $K 10$ |  | 0 |  |
| -2.00 | E5 |  | E11 |  | K5 |  | $K 11$ |  | 0 |  |
| -2.25 | E6 |  | E12 |  | K6 |  | $K 12$ |  | 0 |  |
| -2.50 | F1 |  | F7 |  | L1 |  | L7 |  | 0 |  |
| -2.75 | F2 |  | F8 |  | L2 |  | L8 |  | 0 |  |
| -3.00 | F3 |  | F9 |  | L3 |  | L9 |  | 0 |  |
| -3.25 | F4 |  | F10 |  | 14 |  | $L 10$ |  | 0 |  |
| -3.50 | F5 |  | F11 |  | L5 |  | $L 11$ |  | 0 |  |
| -3.75 | F6 |  | F12 |  | L6 |  | $\underline{12}$ |  | 0 |  |
| -4.00 to -4.75 | G1 |  | G7 |  | M1 |  | M7 |  | 0 |  |
| -5.00 to -5.75 | G2 |  | G8 |  | M2 |  | M8 |  | 0 |  |
| -6.00 to -7.75 | G3 |  | G9 |  | M3 |  | M9 |  | 0 |  |
| -8.00 to -9.75 | G4 |  | G10 |  | M4 |  | M10 |  | 0 |  |
| -10.00 to -12.75 | G5 |  | G11 |  | M5 |  | M11 |  | 0 |  |
| -13.00 to -25.00 | G6 |  | G12 |  | M6 |  | M12 |  | 0 |  |
| Total "-" Lenses |  | 0 |  | 0 |  | 0 |  | 0 | 0 |  |


| Total of All <br> Frames | 0 | 0 |  | 0 |  | 0 | 0 |  |  |
| :---: | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

$\qquad$

## 5. Children's Eyeglasses

(Glasses are usually packed in bags of $10 . . . b u t$ we can ship fewer...if you need more than ten of a certain power, please request glasses by tens (for example, 10, 20, 30 etc.) While children's glasses are grouped by ranges of powers, not all powers may be available. When children's glasses are not available, small women's frames will be substituted.

| Bin | Children's Lens "Plus" Powers | No. Plus Requested | Bin | Children's Lens "Minus" Powers | No. Minus Requested | Total Requested | Total Provided by Project 20/20 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| A1 | +1.00 to +1.75 |  | A7 | -1.00 to -1.75 |  | 0 |  |
| A2 | +2.00 to +2.75 |  | A8 | -2.00 to -2.75 |  | 0 |  |
| A3 | +3.00 to +3.75 |  | A9 | -3.00 to -3.75 |  | 0 |  |
| A4 | +4.00 to +5.75 |  | A10 | -4.00 to -5.75 |  | 0 |  |
| A5 | +6.00 to +9.75 |  | A11 | -6.00 to -9.75 |  | 0 |  |
| A6 | +10.00 to +25.00 |  | A12 | -10.00 to -25.00 |  | 0 |  |
|  | Total Requested | 0 |  |  | 0 | 0 |  |

6. Sunglasses. Project $20 / 20$ provides reading and plain sunglasses to prevent eye diseases caused by constant exposure to intense wind, dust, and ultraviolet light, especially in tropical or high altitude countries.
a. How many plain sunglasses are requested from Project 20/20? $\qquad$ Non-Prescription
b. How many reading sunglasses are requested from Project 20/20?

## ___ Various Positive Powers

7. Shipping. To whom should Project 20/20 eyeglasses and sunglasses be sent? A business or church address is preferable because it will reduce shipping costs by $50 \%$.

| Name |  |
| :---: | :---: |
| Organization |  |
| Address |  |
| City, State, Zip Code |  |
| Telephones: Work (__ ) | Cell ( |
| Deadline for Receiving Shipment |  |

8. Unused Glasses. Will team return all unused eyeglasses or sunglasses to Project 20/20?

OYes ByWhen? $\qquad$ $\bigcirc$ No (please contact Project 20/20)
9. Pictures. If you take pictures of your team providing vision services, we would like to have copies. Email them to info@project2020.org. Will you allow Project2020.org to use the pictures you provide for promotional purposes?

## Ores $\mathrm{On}^{\mathrm{no}}$

## 10. Signatures

Submitted by (signature if faxed or mailed)
Printed Name _ Date $\qquad$
Telephones (if not provided above):
Work (__ ) $\qquad$ Home ( $\quad$ ) $\qquad$ Cell ( $\qquad$

