

# Project 20/20 Eyeglasses Recycling Center

Emmanuel United Methodist Church – 2404 Kirby Road – Memphis TN 38119  
(901) 754-6548 Church (901) 758-1092 Fax [www.project2020.org](http://www.project2020.org) info@project2020.org

## 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](http://www.adobe.com/downloads).
- 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.



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



Dr. Benny Daniels  
conducting eye exam in  
Honduras

- 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.

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.

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## MEDICAL TEAM REQUEST FOR PROJECT 20/20 EYEGLASSES

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

Trip Dates: From \_\_\_\_\_ to \_\_\_\_\_ Request Date \_\_\_\_\_

Country \_\_\_\_\_

### Organization Sponsoring the Team & Trip \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Web \_\_\_\_\_

**Vision Care Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephones: Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

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?

Yes    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)

EYEGLASSES: Adults \_\_\_\_\_ + Children's \_\_\_\_\_ = \_\_\_\_\_

SUNGLASSES: Prescription \_\_\_\_\_ + Non-Prescription \_\_\_\_\_ = \_\_\_\_\_

*(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.)*



**5. Children's Eyeglasses**

(Glasses are usually packed in bags of 10...but 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			
A2	+2.00 to +2.75		A8	-2.00 to -2.75			
A3	+3.00 to +3.75		A9	-3.00 to -3.75			
A4	+4.00 to +5.75		A10	-4.00 to -5.75			
A5	+6.00 to +9.75		A11	-6.00 to -9.75			
A6	+10.00 to +25.00		A12	-10.00 to -25.00			
Total Requested							

**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? \_\_\_\_\_ 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 (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 Deadline for Receiving Shipment \_\_\_\_\_

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

Yes By When? \_\_\_\_\_ 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](mailto:info@project2020.org). Will you allow Project2020.org to use the pictures you provide for promotional purposes?

Yes No

**10. Signatures**

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