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 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.



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.



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

Trip Dates: From	to	Request Date
Country		
Organization Sponsoring the 1	eam & Trip	
Address		
City, State, Zip		
Telephone ()	Fax ()	Web
Vision Care Contact Person: _		Title:
Address		
		_) Cell ()
Fax ()	E-Mail	
health condition, religious preference	se, or other characteristic	.5:
Yes No (Please explain on atta	ached sheet)	
Responsibility. Identify Licensed	Optometrist or Ophthalm	ologist on Team (required for Project 20/20 support):
Name and address		
Copy of current license must be a	attached from the State o	f
SUMMARY FROM PAGES 2-4. (A	automatic calculation of g	plasses requested from pages 2-3)
EYEGLASSES: AdultsSUNGLASSES: Prescription		
OUNGLASSES. Flescription	+ Non-Flescript	
(Note: Project 20/20 recommends		4 times as many eyeglasses as the number to be

(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. <u>Extra, unused glasses should be returned to Project 20/20 immediately after the trip—see item 8.</u>)

Page 2. Country	:				Trip S	Start Date			Dr	
Evedlass R	eques	ts and Sub	estitutio	ns Reques	st alas	ses hy distan	nce visi	on (sphere)	nower in the	charts below.
										ex frames are mixed
		•	•	•				•		
			=	-	•				•	ubstituted for each
										ailable, Project 20/2
suggests provid	ing the	patient wi	th two	pairs of gla	sses-c	one for distar	nce vis	ion and one	for near visio	n.
	_									
	ممامم	oo ("Dlue"	Longo	. Include D		-1				
·		-		s Include R						
						hip fewer. If	you ne	eed more tha	n 10 of a cer	tain power, please
request glasse	es by te	ens (for ex	ample:	10, 20, 30,	etc.)					
Power "Plus"	Bin	Men's #	Bin	Men's #	Bin	Women's #	Bin	Women's #	Total	Total Provided by
Lenses		Singles		Bifocals		Singles		Bifocals	Requested	Project 20/20
+1.00	B1		В7		H1		H7			
+1.25	B2		B8		H2		Н8			
+1.50	В3		В9		Н3		Н9			
+1.75	В4		B10		Н4		H10			
+2.00	B5		B11		Н5		H11			
+2.25	В6		B12		Н6		H12			
+2.50	C1		C7		11		17		+	
+2.75	C2		C8		12		18			
+3.00	СЗ		С9		13		19			
+3.25	C4		C10		14		I10			
+3.50	C5		C11		15		111			
+3.75	С6		C12		16		I12			
+4.00 to +4.75	D1		D7		J1		J7			
+5.00 to +5.75	D2		D8		J2		J8			
+6.00 to +7.75	D3		D9		J3		J9			
+8.00 to +9.75	D4		D10		J4		J10			
+10.00 to +12.75	D5		D11		J5		J11			
+13.00 to +25.00	D6		D12		J6		J12			
Total "+" Lenses	+		+							
Total 1 Lenses										
Power	Bin	Men's #	Bin	Men's #	Bin	Women's #	Bin	Women's #	Total	Total Provided by
"Minus"	ын	Singles	DIII	Bifocals	ын	Singles	ын	Bifocals	Requested	Project 20/20
Lenses		g				g				,
-1.00	E1		E7		K1		K7			
-1.25	E2		E8		К2		К8			
-1.50	E3		E9		КЗ		К9			
-1.75	E4		E10		К4		K10			
-2.00	E5		E11		К5		K11		+	
-2.25	E6		E12		К6		K12			
-2.50	F1		F7		L1		L7		+	
									+	
-2.75	F2		F8		L2		L8		-	
-3.00	F3		F9		L3		L9			
-3.25	F4		F10		L4		L10			
-3.50	F5		F11		L5		L11			
-3.75	F6		F12		L6		L12		<u> </u>	
-4.00 to -4.75	G1		<i>G7</i>		M1		M7			
-5.00 to -5.75	G2		G8		M2		M8			
-6.00 to -7.75	G3		G9		МЗ		М9			
-8.00 to -9.75	G4		G10		M4		M10		+	
-10.00 to -12.75	G5		G11		M5		M11		+	
-13.00 to -25.00	G6		G12		M6		M12		+	
Total "-" Lenses	50		012		0				-	
TOTAL LEUSES										
Total of All										
Total of All Frames										

5.										
	(Glasses are usually packed in bags of 10but we can ship fewerif 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.	no may be ave	madic.	Willow Cilliarch's gla	isses are not a	vanabio, sirian wo	mich s hames will be			
	Children's Lens	No. Plus		Children's Lens	No. Minus	Total	Total Provided by			
Bin	"Plus" Powers	Requested	Bin	"Minus" Powers	Requested	Requested	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									
to i	 6. <u>Sunglasses</u>. 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? b. How many reading sunglasses are requested from Project 20/20? Various Positive Powers 7. <u>Shipping</u>. 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									
	Address									
	City, State, Zip Cod	e								
	Telephones: Work () Home () Cell ()									
	Deadline for Receiving Shipment									
8. <u>Unused Glasses</u> . Will team return all unused eyeglasses or sunglasses to Project 20/20?										
Yes By When? No (please contact Project 20/20)										
9. <u>Pictures</u> . 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?										
Yes No										
10. <u>Signatures</u>										
				ed)		_ Date				
	Telephones (if not									
	• •	•	•	lomo (0-11					