



U.S. Department of Veterans Affairs

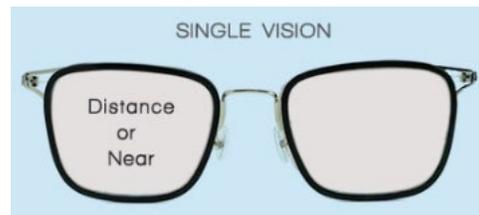
Veterans Health Administration
VA Portland Health Care System

EYE CLINIC

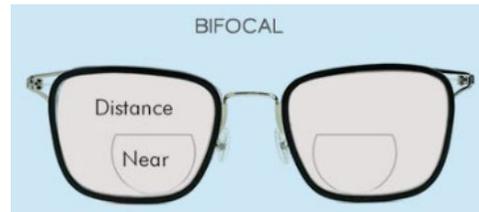
How to order your eyeglasses from the VA

1. You need to be enrolled in the VA Portland Health Care System and eligible for VA issued eyeglasses.
2. We will need a copy of your current eyeglass prescription (Rx) from your provider. If it was done at the VA, we should have it in your record.
3. Select a frame -- see document [How to Select a Frame for Eyeglasses](#) and [Eyeglass Frame Selection for VA Portland HCS](#).
4. Select a lens style

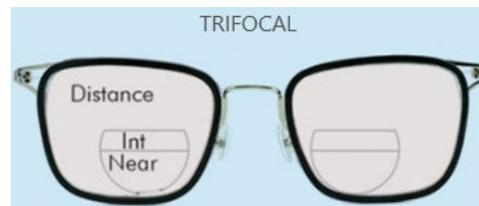
a. Single Vision (no bifocal)



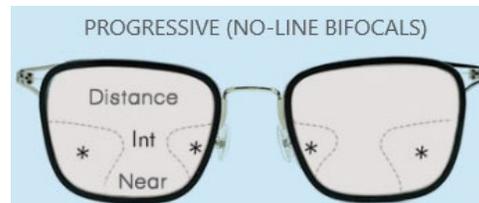
b. Bifocal



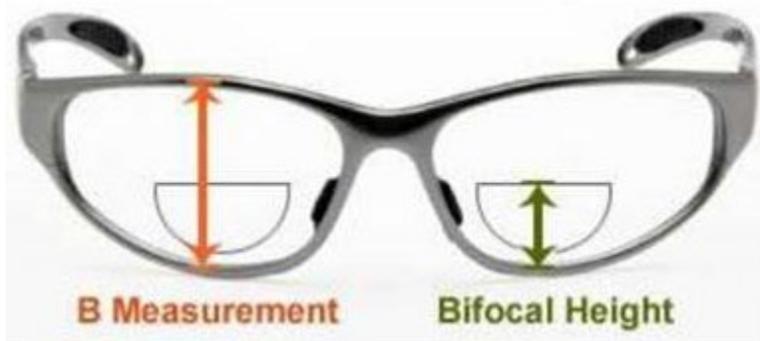
c. Trifocal



d. Progressive (no-line bifocal)



5. Obtain measurements -- see document **How to measure your Pupillary Distance**.
 - a. For measurements regarding the height of the bifocal, trifocal, or progressive lens, the optical shop can extrapolate the height from your previous pair of glasses, in most cases.
 - b. If there is no current segment height to base our calculations, then follow these steps:
 - i. Using a millimeter ruler, measure the lens height (B measurement) of your current pair of glasses from the top of your frame, to the lowest point of the frame.



- ii. Then measure the bifocal or trifocal height from the top line of the bifocal or trifocal to the bottom of the lens.
 - iii. For Progressive lenses, use a mirror to measure the distance from your pupil to the lowest point of your eyeglasses frame. (You can also mark the middle of your pupil using a dry erase pen, and then measure from that mark.)



6. Submit request with your Rx by fax or secure message with the following information.



VA Portland Health Care System

3710 SW U.S. Veterans Hospital Road
Portland, OR 97239

Main Hospital Number: 503-220-8262 ext. 52463

FAX: 503-402-2943

ATTN: OPTICAL SHOP

Total number of pages sent *including* cover sheet: _____

CONFIDENTIAL

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Name _____ Last4 _____ Birthdate _____

Phone: _____

Shipping Address: _____

Frame name, size, color: _____

Lens Style: _____

PD: _____

Your Current Segment Height: _____

Your Current Frame Height (B measurement): _____

Other instructions or requests: _____
