

(THIS FORM IS SUBJECT TO THE
PRIVACY ACT OF 1974 -
Use DD Form 2005.)

EYEWEAR PRESCRIPTION		DATE	ACCOUNT NUMBER	ORDER NUMBER								
TO: (Lab)		FROM:										
NAME (Last, First)		SSN	GRADE									
ADDRESS/UNIT			PHONE									
ADDRESS CONTINUED			SHIP TO: <input type="checkbox"/> CLINIC <input type="checkbox"/> PATIENT									
CITY, STATE, ZIP												
AD	RES	NG	RET	OTHER*	A	N	AF	MC	CG	PHS	OTHER*	
FRAME		EYE		BRIDGE	TEMPLE		COLOR					
PD		DIST	NEAR	LENS	TINT	MATERIAL		PAIR	CASE			
	SPHERE	CYLINDER	AXIS	DECENTER	H PRISM	H BASE	V PRISM	V BASE				
R												
L												
MULTIVISION				LAB USE								
	NEAR ADD	SEG HT	TOTAL DECENTER									
R												
L					PRIORITY	TECH INITIALS						
SPECIAL COMMENTS/JUSTIFICATION ("Use this space to specify blocks marked "Other.")												
PRESCRIBING OFFICER/AUTHORITY						SIGNATURE						

DISTRIBUTION: ORIGINAL - Retained by Lab. COPY 1 - Returned with eyewear. COPY 2 - Entered in health record.

DD FORM 771, JUL 96 (EG)

PREVIOUS EDITION IS

Designed using Perform Pro, WHS/DIOR, Aug 96

INSTRUCTIONS FOR FILLING OUT THE DD771 TO SEND TO NOSTRA

This form is designed to be typed online and printed. You may fill in the blanks by using the TAB key, or by using your mouse. The headings for each cell will link to the appropriate instruction below. The blank part of each cell contains a "hover" instruction, accessed by holding your mouse cursor over the cell. (The "hover" instruction will not appear if you select, or "click" on the cell)

DATE: This is the date the form was *filled out*, not the date the prescription was given.

ACCOUNT NUMBER: *The account number is required for clinics.* Our lab is automated - the account number allows tracking of orders. Individuals at remote locations do not need this.

ORDER NUMBER: This number is available for the originating activity to log and track their orders. Any alphanumeric combination is acceptable.

TO: At this time, this version of DD771 is to be used solely for optical orders to the Naval Ophthalmic Support & Training Activity. This form is to be used for FAX or Standard mail only.

THIS FORM WILL NOT BE ACCEPTED THROUGH EMAIL.

FROM: Fill this in completely. The Clinic Name goes on the first line. The next line allows for a 2 line mailing address if needed. The 3rd line has 3 sections: City, State and Zip. Please use the standard 2-letter state abbreviation and the ZIP+4 information if available. (if the "+4" information is not available, please use "0000") Complete information will ensure that finished orders are returned to the proper originator in a timely manner. Please supply us with DSN or Commercial Voice and Fax phone numbers for our records.

NAME and SSN NUMBER: The patient's last name, first name, last four numbers (only 4 digits are allowed) of the social security number are required. This is very important; orders cannot be traced without this information.

RANK/GRADE This field contains 2 drop-down lists. Select the appropriate O (for Officer), W (for Warrant Officer) or E (for Enlisted). Below, in the 2nd drop-down list, select the patient's grade.

UNIT, ADDRESS, PHONE and "SHIP TO": Use the patient's unit address unless special circumstances require that the order be mailed directly to their home. (Please identify special circumstances in the comment section below). Please give the Unit name on the line below the patient's name, and the mailing address on the next line. Please list: city, 2-letter state abbreviation, and the ZIP+4 information on the next 3 lines. The patient's DAYTIME telephone number should be placed in this space below SSN and Rank. Please check the ship to patient box ONLY if special circumstances are described in the Comments section below.

STATUS: Select the appropriate duty status for the member. The box may be selected by a Left mouse click on the box or by hitting the space bar when the box is selected. **AD=Active Duty; RES=Reserve; NG=National Guard; RET=Retired.** If "Other" is selected, please give explanation in the comments box below.

BRANCH: Select the appropriate branch of service for the member.

FRAME: The drop down list supplies all abbreviations. Please refer to the frame style guide to determine eligibility.

EYE: Use the dropdown to add the frame eyesize you are ordering.

BRIDGE: Put the frame bridge you are ordering.

TEMPLE: Put the temple length and style you are ordering.

COLOR: Put the frame color you are ordering.

INTERPUPILLARY DISTANCE: When ordering any spectacles, the distance PD is REQUIRED. Near PD is required for all bifocal, trifocal, and near vision only orders.

LENS: Put the lens style you are ordering.

TINT: Select the type of tint from the drop down list.

MATERIAL: Put the lens material you are ordering.

NUMBER OF PAIRS: The MAXIMUM number ordered per DD771 is one.

CASE: Leave this block blank.

SINGLE VISION:

Sphere- Expressed in either a positive or negative numerical value of at least three digits (i.e. +0.25 or -2.50). Opposite sphere signs for each eye should be verified in the "Special Comments/Justification" section.

Cylinder- If no cylinder power is prescribed, "SPH" is written in this box. Orders should always be written in minus cylinder.

Axis- Expressed in a three digit numerical value between 000 and 180. However, if there is no cylinder power, there will be no axis as well.

Decentration In/Out- Leave blank

Prism- Used only if prism is prescribed for the patient.

Base- If there is prescribed prism, the direction of the prism should be noted here.

MULTI-VISION:

Add for near- For use with multifocal orders only. NOTE: the minimum add power for bifocals is +0.75, and +150 for trifocals.

Segment Height- When an add power is entered, a segment height must be entered too. For trifocals, "OA" (overall height) is written next to the height. This reminds the originator that the measurement was taken for a trifocal, and not a bifocal.

LAB USE: Leave this BLANK.

PRIORITY Put the ordering priority here: P(Down Pilot), R(Readiness), VIP(O7 and above), T(Trainee), S(Standard Issue), F(FOC).

TECH INITIALS: The tech ordering the glasses puts their initials in this block.

SPECIAL COMMENTS/JUSTIFICATION:

This space is used to verify any non-standard request, or anything out of the ordinary. Some of these things include, and are not limited to: PD less than 60 or greater than 70 Unlike sphere signs, and plus (+) cylinder Different or unusual adds or segment heights Justification for flight or submariner frames Near Vision Only (NVO)

PRESCRIBING OFFICER/AUTHORITY:

The Doctors name goes in this block.

SIGNATURE: Leave this blank. This must be a hand-written signature. Not all eye sizes available in all frames. Refer to the Note: *Bridge, Temple and Color vary by frame. Please refer to Frame Style guide. the NOSTRA Frame Style Guide for assistance with these.*