

BROKEN or LOST GLASSES REPORT



Name: _____ Date: _____

The above person's glasses were lost broken. The loss or breakage was of no fault of their own.

They were **lost** because they were stolen they were miss-placed in moving fell off my face in running water left behind while away on a trip and could not be located other: _____

They were **broken** because they were: accidentally sat on knocked on the pavement caught in the car door bumped during athletics found broken in my school book bag other: _____

Signature of owner or responsible guardian: _____

This form is required prior to Medi-Cal replacement of your glasses and remain in your chart.

Dr. Henshaw * 801 S Fairmont * Lodi, CA 95240-5116 * 334-2020