



Caring | People | Community | Support

- Kenora (807) 468-5372
- Dryden (807) 223-4442
- Sioux Lookout (807) 737-7117
- Ignace (1-888-737-2730)
- Pickle Lake (1-888-737-2730)
- Red Lake/Ear Falls (1-888-767-2038)

Ontario Works

_____ (Location) _____ (Address)

_____ (Phone) _____ (Fax)

OPTICAL ESTIMATE

Optometrist's Name: _____

Patient's Name: _____

The prescription for the above mentioned patient is as follows:

Right Eye	
Left Eye	

The charges regarding these glasses will be:

ITEM	CHARGES
Lenses	\$
Frames	\$
Hardex	\$
Case	\$
Tint	\$
Treatment Services	\$
TOTAL COST	\$

Authorization to be completed by Ontario Works: _____
(Location)

The above estimated cost is hereby approved in the amount of \$ _____. This approval is valid for one month. Payment by Ontario Works will be made upon completion of the above services and with receipt of an invoice detailing the work completed.

Date: _____

Authorized by: _____
(Ontario Works Case Manager)

Personal information contained on this form is collected pursuant to the Ontario Works Act, 1997, a.25 Schedule "A" and will be used for the administration of Ontario Works. Questions about this collection should be directed to the Freedom of Information and Privacy Co-ordinator.