



Mobile Clinic Request Form

To request the VSP Mobile Eyes Clinic for your event, please complete the following information. If you're requesting eye exam services, we will need approximately eight weeks advance notice to recruit doctors.

Requestor Name and Title _____

Address _____ City _____ State _____ Zip _____

Phone number () _____ Fax number () _____ E-Mail _____

Organization _____

Event Type

- Community outreach Public awareness Health/benefit fairs EXPO Doctor outreach
 Disaster relief Other _____

Event Start Date _____ End Date _____

Event Location (Clinic Specifications: length - 40 feet, 6 inches and 42 feet, 6 inches; height – 12 feet, 8 inches; width - 12 feet, 6 inches parked and 8 feet, 6 inches traveling; weight - approximately 32,000 pounds)

Address _____ City _____ State _____ Zip _____

Services Needed

- Exam and glasses Eye health awareness Media

(Note: The program only covers or replaces glasses that are lost, stolen, or broken during a disaster. If the clinic isn't serving your area during a disaster relief effort, and you or the patients are requesting exams and glasses, the patient must meet the following qualifications: family income is not above 200% of poverty level, not enrolled in Medicaid or any other vision insurance, has not used our program during the last 12 months, is a US citizen or documented immigrant with a Social Security Number. We require that patients provide their Social Security Number. If a Social Security Number isn't available, the individual can't use this program.)

Population/Public

- Children (0-17) Adults (18-59) Seniors (60-above)

Approximate Number of Patients

Number _____

Primary Language Spoken By Patients

Language _____

Disclaimer: VSP's Mobile Eyes program doesn't guarantee the availability of the clinic. After we've received your request, someone will contact you to advise you of our availability.

Fax this form to 916.463.9051. Or send an e-mail to mobileclinic@vsp.com.