



Request a New ID Card

Please fill out the form below, and fax it back to Opticare.

Request ID

Policy Holder's Name (required)

(_____)

Phone (required)

Address (required)

City (required)

State (required)

Zip Code (required)

Employer (optional)

Social Security # (optional)

Signature (required)

Return or fax this form to:

Opticare of Utah

1901 West Parkway Blvd.
Salt Lake City, UT 84119
801-886-2020 office
801-954-0054 fax