

RX 1		Date:						
	Sphere	Cyl	Axis	Prism	Seg ht	Add	va w/o	va w/
OD								
OS								
Size		Frame		Color		Seg		
Rx		P.D.		DBL		Temple		
Sale		lens material		frame color				
Total		special:						
Dep		due date						
Bal		due pt.		ins.				

RX 2		Date:						
	Sphere	Cyl	Axis	Prism	Seg ht	Add	va w/o	va w/
OD								
OS								
Size		Frame		Color		Seg		
Rx		P.D.		DBL		Temple		
Sale		lens material		frame color				
Total		special:						
Dep		due date						
Bal		due pt.		ins.				

Lens Specifications

Date	Lab	BC	OZ	Secondary Curve	Blend	Peripheral Curve	Edge	Diam	thick	Power
R										
R										
R										
R										
L										
L										
L										
L										

Miscellaneous

1.

I have been instructed in proper methods of insertion and removal, use & care of my contact lenses & have read & agree to abide by the "follow up agreement rules"

Date OD Record of Visits

Patient Rejection Form: I understand that my doctor/dispenser has recommended polycarbonate lenses for my visual safety and protection. I hereby acknowledge that I have voluntarily and with full knowledge of the possible consequences of my selection decided to utilize an alternative material for my eyewear. I am ordering lenses made of CR-39 Glass Hi-index plastic Polycarbonate 1.0 1.5, 2.0 mm. Polycarbonate lenses were recommended for the following reasons: safest lens, less weight.

Patient/Parent _____

Date _____