Eyeglass and contact lens Prescription

Date: ..... Card number: ..... Ref. by: .....

Patient name: ..... Patient DOB: .....

℞ Spectacle Rx

SRx	SPH	CYL	AXIS	ADD	PRISM/BASE	DIST. P.D.
OD						
OS						

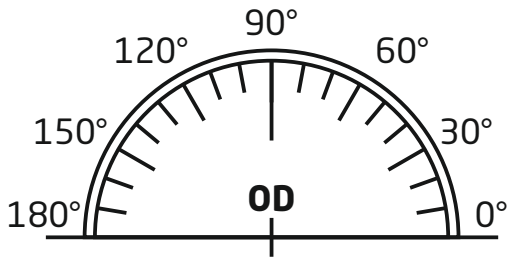
- ☐ Polycarbonate
- ☐ High Index
- ☐ Single Vision
- ☐ Standard Bifocal
- ☐ Progressive Lenses
- ☐ Scratch Resistant Coating
- ☐ UV Coating
- ☐ Tint
- ☐ Anti-Reflective Coat
- ☐ Light Adaptive
- ☐ Other

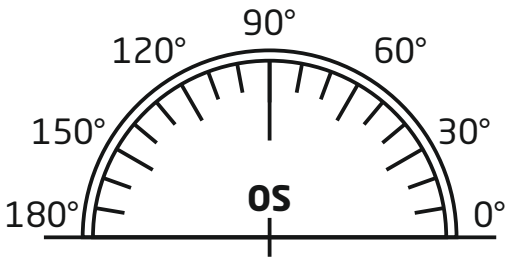
Ultraviolet light may cause cataracts and retinal degeneration. We recommend that your lenses have ultraviolet protection.

Expiration Date:

℞ Contact Lens Rx

CLRx	SPH	CYL	AXIS	ADD	BC	DIA
OD						
OS						
CONTACT LENS NAME						
OD						
OS						





Remarks:

DR: .....

doctorpro

DoctorPRO Wroclaw sp. z o.o.
40 J. H. Dąbrowskiego street,
Wroclaw, Poland

800 003 033 NIP
8992947071
doctorpro.pl