

# Michael Goodman

Doctor of Optometry

NPI# 0000000000 • CT. Lic# 000000

123 Main Street

Any Town, CT 00000

111-555-1234 • Fax 111-555-5678

Patient Name: \_\_\_\_\_

DOB or ID#: \_\_\_\_\_

## Contact Lens Care and Other Information

*Note: Contact Lenses are medical devices which require ongoing medical care for optimal performance and safety. Please contact our office if you experience any signs of complications including pain, redness, loss of vision.*

Care System: \_\_\_\_\_

Replacement interval: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

\_\_\_\_\_

## Spectacle Prescription

Exam Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

	Sphere	Cylinder	Axis	Add.	Prism
O.D.					
O.S.					

Doctor  Bifocal  CR-39  Anti-reflective  Prescription Sunglasses  
Rec:  Trifocal  Polycarbonate  Photochromatic  Safety  
 Progressives  Hi-index  UV Coating  Other \_\_\_\_\_

## Contact Lens Prescription

Exam Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Do Not Fill After: \_\_\_\_\_

	Sphere	Cyl.	Axis	Add.	BC	Diam.	Qty	Refills
O.D.								
	Manufacturer _____		Brand/Mat. _____					
Wear Schedule: Daily _____		Flexible _____		Extended _____				
O.S.								
	Manufacturer _____		Brand/Mat. _____					
Wear Schedule: Daily _____		Flexible _____		Extended _____				

*\*Federal law prohibits substitution without verification and dispensing beyond expiration.*