

## **Patient Information:**

Name	Name DOB		Chart #	Home Phone	Cell Phone	
Carly Wenig	4/1	16/2002	231412		(848)459-9015	
Address1	Address2		882	City	State	Zip
3 Spockwell St				Roxbury Crossing	MA	02120

Rx: Final Rx Date Rx: 1/15/2024 Expiration Date: 1/15/2025

16%	Sph	Cyl	Axis	Add	Prism1	Base1	Prism2	Base2	Distance	Near
Right	-3.75	-1.25	180		2007		7			
Left	-4.00	-1.25	175							

Rx: Soft CL Rx Given Date Rx: 1/15/2024 Expiration Date: 1/15/2025

	Sph	Cyl	Axis	Add	Brand	Dia	BC	Distance	Near
Right	-3.50	-1.25	180		Precision 1 Toric (Alcon)	14.5	8.5		
		-1.25			Precision 1 Toric (Alcon)	14.5	8.5		

Electronically Signed by: Deborah Lee, OD on 1/15/2024 at 10:40 AM

PLEASE NOTE: It is best to fill your glasses and/or contact lens prescription soon after your exam. Your eyes change over time and the prescription may not be as accurate later.

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