



PATIENT INFORMATION						
LAST NAME Ortiz	FIRST NAME Emilio	M.I.	SSN	DATE OF BIRTH 06/22/1992	SEX Male	MRN EMA4664276
STREET ADDRESS 554 Davis Lane			STREET ADDRESS CONTD.			
CITY Victoria	STATE TX	ZIP CODE 77905	HOME PHONE	CELL PHONE 3614331365		

GLASSES RX DETAILS						
	SPHERE	CYLINDER	AXIS	ADD	START	EXP. DATE
OD	-4.50	-0.25	055		09/27/24	09/27/25
OS	-4.00	-0.25	175		09/27/24	09/27/25

VISUAL ACUITY				
	Dist VA	Near VA	Dist PH	Underlying condition
OD	20/20			
OS	20/20			
OU				

ADDITIONAL INFORMATION	
Active	Yes
Usage	Distance single vision

Electronically Signed By: Valerie Baker, OD 09/27/2024 @ 10:05 AM
State Lic: 07280TG State: TX

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