

PROFESSIONAL SERVICES RECEIPT

Name: Cameron Hightower Date: 1-31-24

Services Rendered

Eye Exam (Diagnosis Code: 4D13)

Contact Lens Fit 1

Contact Lens Fit 2

Office Visit

Dilation

Visual Field

Fee / Co-pay

6

40

Total Fees:

40

Paid:

\$40

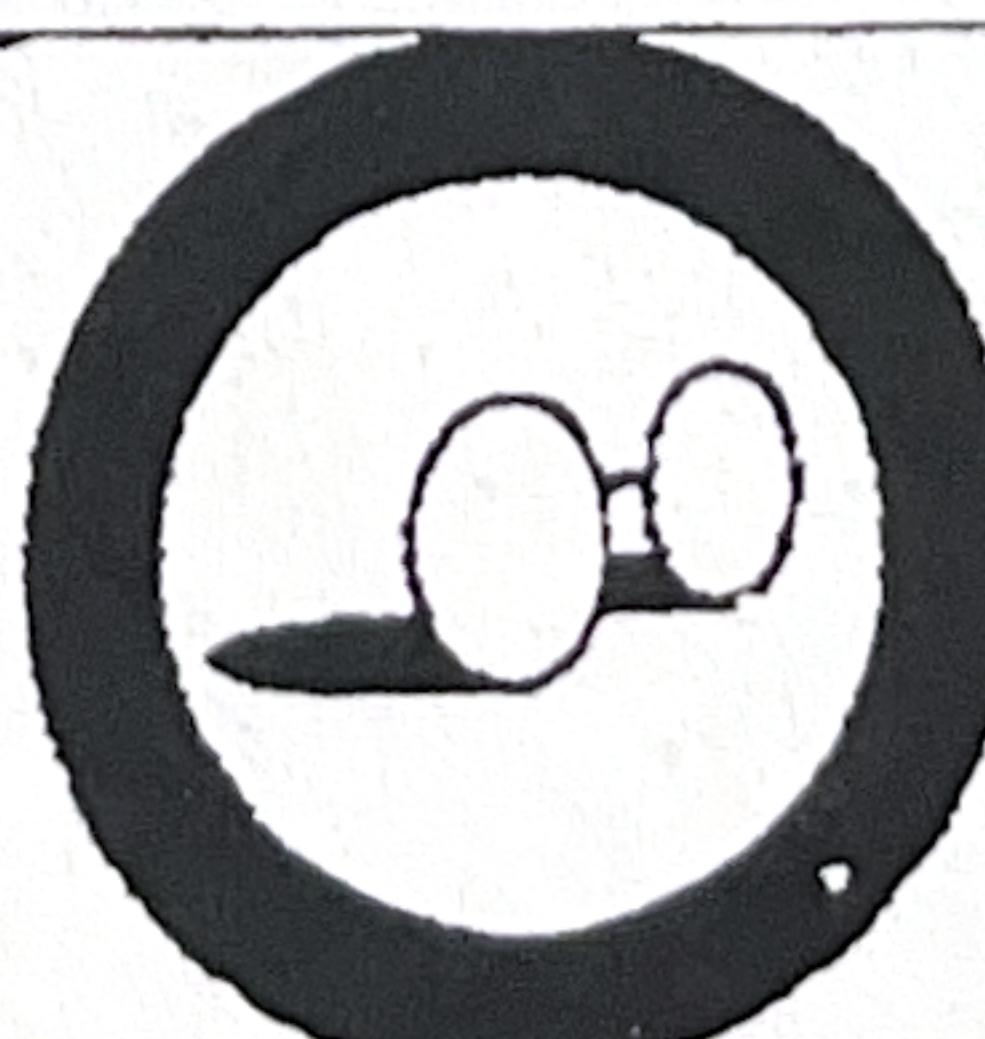
Balance:

\$0

Paid by: Cash CC Dbt Ck

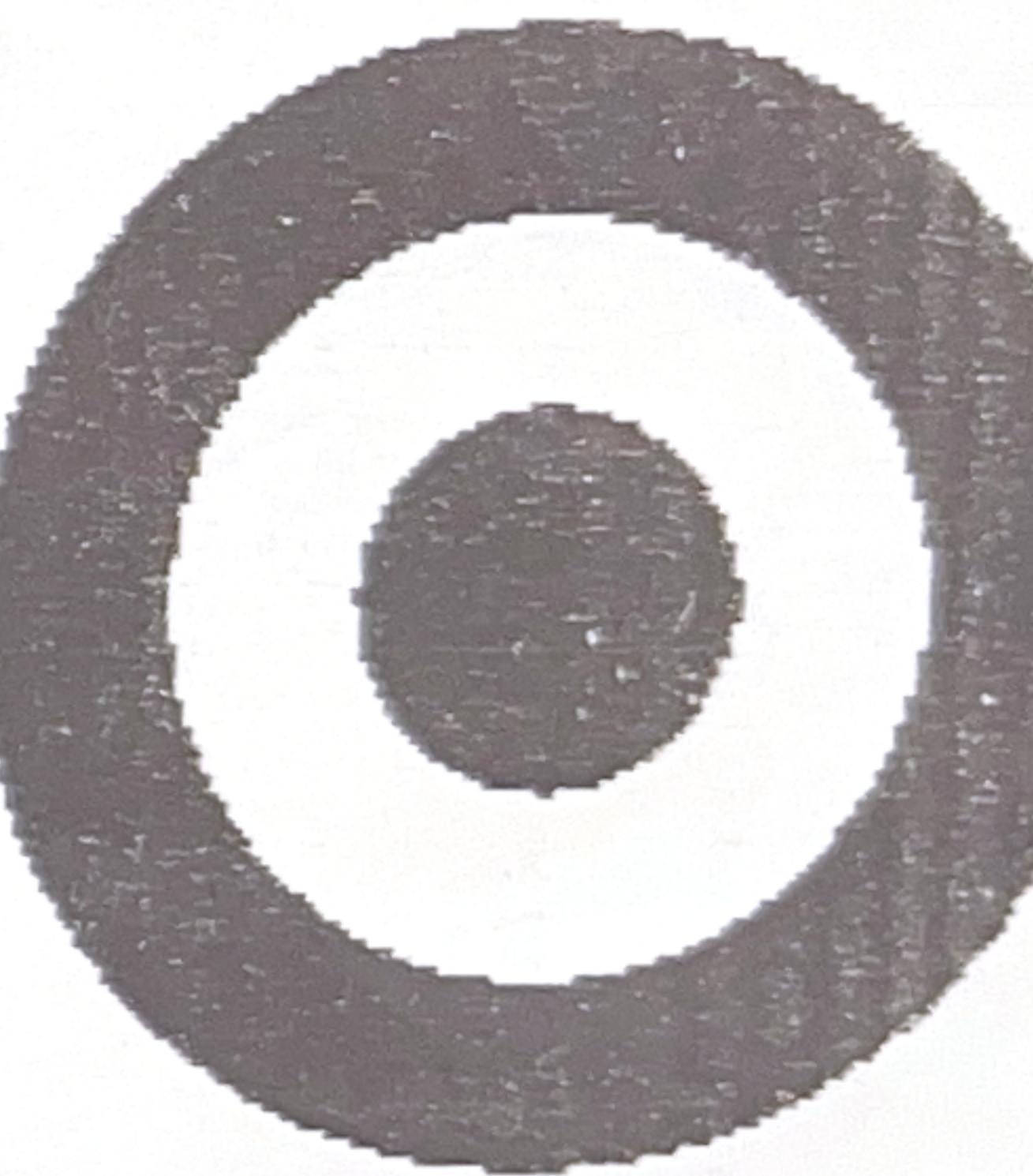
Dr. Douglas Savery

Lic. # AZ751



Office Location:

Target Optical 1650 N.
Milton Rd, Flagstaff, AZ
86001 928-779-2459



Flagstaff - 928-774-3500
1650 S Milton Rd
Flagstaff, Arizona 86001-0802
12/02/2024 02:34 PM



collections
336010001 CONTACT LENS

N + \$140.98

	subtotal	\$140.98
	no tax	\$0.00
	total	\$140.98
*4958	VISA CHARGE	\$140.98
AID: A000000031010	VISA CREDIT	
AUTH CODE: 002876		

WHEN YOU RETURN ANY ITEM, YOUR
RETURN CREDIT WILL NOT INCLUDE ANY
PROMOTIONAL DISCOUNT OR COUPON
APPLIED TO THE ORIGINAL ORDER.

+ INDICATES HEALTH ITEM

HEALTH ITEM TOTAL: 140.98

REC#2-4337-0935-0046-0679-3

Help make your Target Run better.
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User ID: 7566 2906 5995
Password: 393 207

CUÉNTENOS EN ESPAÑOL

Please take this survey within 7 days

Douglas M. Savery, O.D., P.C.

Douglas Savery, OD

1650 S. Milton Rd. Flagstaff

Flagstaff AZ 860010802

(928) 779-2459

License #: 751

Eyeglass Rx

Patient: Cameron Hightower

DOB: 03/19/1996

Address: 3401 N Fort Valley Rd
Flagstaff AZ 86001

Date: 01/31/2024

Expires: 01/31/2025

Rx #: 237756053

Rx Details

	Sphere	Cyl	Axis	Near Add	Int Add	H Prism	V Prism
OD	-4.50	-0.75	065				
OS	-4.00	-0.75	092				

Distance 70.0

Special Instructions and Recommendations

Material	High Index
Tint	
AR Coating	Yes
Photochromic	
UV	
Polarized	
LensType	Single Vision
Instructions	

DMS

Douglas Savery, OD

Douglas M. Savery, O.D., P.C.

Contact Lens

License #: 751

Douglas Savery, OD
1650 S. Milton Rd. Flagstaff
Flagstaff AZ 860010802
(928) 779-2459

Patient: Cameron Hightower
DOB: 03/19/1996
Address: 3401 N Fort Valley Rd
Flagstaff AZ 86001

Date: 01/31/2024
Expires: 01/31/2025
Rx #: 237755660

Lens and Dispensing

Manufacturer		Dispense
OD	Menicon Co. Ltd	Miru 1day Menicon Flat Pack
OS	Menicon Co. Ltd	Miru 1day Menicon Flat Pack

Rx Details

MV	BC	Sph	Cyl	Axis	Diam	Add	Desig.	Tint
OD	8.40	-4.50			14.2			
OS	8.40	-4.25			14.2			

Douglas Savery, OD

I confirm that I have received a copy of this Contact Lens prescription

Signed D. M. Savery
Date 11/30/24