

Patient Contact Lens Prescription Information

Name: Crystal Khemvisai 3103 Lodge Dr.

Jamestown, NC, 27282 DOB: 03/23/1995 GA-Columbus, 6490 VETERANS PKWY,

Columbus, GA, 31909 Phone: (706)-653-6202 Fax: (706)-510-3123

Prescription Expiration Date: 04/11/2025

Contact Lens RX: CL Exam Distance

Date of CL Fitting: 04/11/2024

P _X	Sphere	Cyl	Axis	Add	Base Curve	Diameter	Manufacturer	Style	Color	Max qty
Right (OD)	-4.75	Sph		-	8.6	14.20	Alcon Laboratories Inc	Air Optix Colors 2pk	Pure Hazel	
Left (OS)	-4.75	Sph		-	8.6	14.20	Alcon Laboratories Inc	Air Optix Colors 2pk	Pure Hazel	

No Substitutions without verification.

Contact Lenses are medical devices, which require ongoing medical care for optimal performance and safety. Please contact the prescribing doctor if you experience any signs of complications, including but not limited to, pain, redness, or loss of vision.

Wearing Schedule:

This Rx is only valid for glasses or contact lenses as noted above.

WAYNE GASSER

Doctor Name

Doctor Signature