

Harvard Square Eye Care PC
19 Dunster St
Cambridge MA 02138

617-354-5590
www.hseyecare.com
office@hseyecare.com

Contact Lens Prescription Release
Fill Exactly As Written, NO SUBSTITUTIONS

Patient: **Hussein, Nada**

Date: **3/10/2021**

Phone: **(856) 313-8351**

Prescription Date: **2/24/2021**

Expiration Date: **2/24/2022**

# of Lenses Authorized:	OD:	OS:
Disinfection Method:	Replacement Interval:	

**X Disposable
X Toric**

Manufacturer	Series	Base Curve	Diameter	Sphere	Cylinder	Axis	Tint
OD Cooper Vision	MyDay Toric	8.6	14.5	-7.00	-1.25	170	
OS Cooper Vision	MyDay Toric	8.6	14.5	-8.00	-1.75	180	

Notes: Updated on 03/10/2021

Signature : _____



Amy Cuomo

License # _____

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