| Patient Name: | | New Glasses Rx Form Date: | | | | | | | |
|--|-------------------------|----------------------------|-----------|----------------------------|------------|------------------------|--|-------|--|
| Reg | sistration # Address | Expires: | | | | | | | |
| | L/R | Sphere | | Cyl | Axis | | Add | Prism | |
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| | | | | Recomi | nendations | | | | |
| | Anti-Refl | ective Coating | □ Bifocal | | | ☐ Digital Measurements | | | |
| | Hi-Index Plastic | | | No-Line Progressive | | | Photochromic | | |
| | | | | □ Polycarbonate □ Trifocal | | | □ Progressive□ Tint | | |
| | | | | | | | | | |
| | Other: | | | | | | | | |
| O.D. Signature: www.FreePrintableMedicalForms.co | | | | | | | | | |
| | | | | New Glas | ses Rx Fo | rm | | | |
| | ient Name: | | | | | | Date: | | |
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| | | | | Recom | mendations | | | | |
| | Anti-Reflective Coating | | | □ Bifocal | | ☐ Digital Measurements | | | |
| | Hi-Index Plastic | | | ☐ No-Line Progressive | | | □ Photochromic | | |
| | Polarized | | | Polycarbonate | | | 8 | | |
| | Single Vision | | | Trifocal | | □ Tint | | | |
| | Other: | | | | | | | | |
| | | | | | | | | | |