

**Dr. Steven Lorenz**  
Independent Doctor of Optometry

**Pearle Vision**

7111 W. Alameda Ave #L  
Lakewood, CO 80226  
(303) 934-0268  
CO License # OPT 995

Patient: Robert Means

**Contact Lens Care & Other Information**

*Note: Contact Lenses are medical devices which require ongoing medical care for optimal performance & safety. Please contact our office if you experience any signs of complications including pain, redness, loss of vision.*

Replacement Interval: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

Doctor's Signature [Signature]

*\*Federal law prohibits substitution w/o verification and dispensing beyond expiration*

Exam Date: 6/29/2020 Expiration Date: 6/29/2021

**Spectacle Prescription\***

|    | Sphere | Cylinder | Axis | Add     | Prism | Other |
|----|--------|----------|------|---------|-------|-------|
| OD | +1.00  |          |      | (+2.25) |       |       |
| OS | +0.75  | sph      |      |         |       |       |

**Dr. Recommendations:**

- |                                       |  |  |  |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Bifocal      | <input type="checkbox"/> Single vision | <input type="checkbox"/> Anti-reflective | <input type="checkbox"/> Prescription Sun Rx |
| <input type="checkbox"/> Trifocal     | <input type="checkbox"/> Polycarbonate | <input type="checkbox"/> Photochromic    | <input type="checkbox"/> Safety              |
| <input type="checkbox"/> Progressives | <input type="checkbox"/> Hi-Index      | <input type="checkbox"/> UV Coating      | <input type="checkbox"/> Other: <u>sure</u>  |

**Computer/Occupational/Other Spectacle Prescription\***

|    | Sphere | Cylinder | Axis | Add        | Prism | Other |
|----|--------|----------|------|------------|-------|-------|
| OD | +2.00  | sph      |      | (+1.00) RT |       |       |
| OS | +1.75  |          |      |            |       |       |

**Dr. Recommendations:**

- |                                       |  |  |  |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Bifocal      | <input type="checkbox"/> Single vision | <input type="checkbox"/> Anti-reflective | <input type="checkbox"/> Prescription Sun Rx |
| <input type="checkbox"/> Trifocal     | <input type="checkbox"/> Polycarbonate | <input type="checkbox"/> Photochromic    | <input type="checkbox"/> Safety              |
| <input type="checkbox"/> Progressives | <input type="checkbox"/> Hi-Index      | <input type="checkbox"/> UV Coating      | <input type="checkbox"/> Other: _____        |

**Contact Lens Prescription\***

☐ Fill as written ☐ Annual supply boxes/eye

|    | Sphere | Cylinder | Axis | Add | BC | OAD | Brand/Material |
|----|--------|----------|------|-----|----|-----|----------------|
| OD |        |          |      |     |    |     |                |
| OS |        |          |      |     |    |     |                |