



# GLASS PRESCRIPTION

## VISION CARE OPTICAL

Date : 3/9/18.

Name : Anthony Prashanth.

Phone No. :

Age & Sex : 24/M.

|          | RIGHT EYE |     |      |        | LEFT EYE |     |      |        |
|----------|-----------|-----|------|--------|----------|-----|------|--------|
|          | SPH       | CYL | AXIS | VISION | SPH      | CYL | AXIS | VISION |
| Distance | 0.75      | —   | —    | 6/6    | 1.00     | —   | —    | 6/6    |
| Add      | —         | —   | —    | —      | —        | —   | —    | —      |

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