

Practice:		Customer Order No:					
		Contact Name:					
		Contact No/Email:					
		Date:		Time:			
Account No:		Patient Ref:					
F.R.S		3M ☐		6M ☐		12M ☐	
RGP Design:				Soft Design:			
RGP Material:				Soft Material:			
Right				Left			
Base Curve	Diameter			Base Curve	Diameter		
		1 st					
		2 nd					
		3 rd					
		4 th					
		5 th					
		6 th					
		Peripheral					
		Overall Ø					
		Power					
		Handling Tint					
		Edge Lift/Edge Profile					
		ACT					
		TP					
		ENG					
With Exchange: ☐				Without Exchange: ☐			
Notes:							

Spectacle Prescription:					Keratometry:	
	Sphere	Cyl	Axis	Add	Flat	Steep
Right						
Left						
HVID:				BVD:		
Additional Info:						