

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:						