

(THIS FORM IS SUBJECT TO THE
 PRIVACY ACT OF 1974 -
 Use DD Form 2005.)

| | | | | | | | | | | | |
|--|----------|----------|--|--------------|----------|-----------|----------|---------------|------|------|--------|
| EYEWEAR PRESCRIPTION | | DATE | ACCOUNT NUMBER | ORDER NUMBER | | | | | | | |
| TO: (Lab) | | | FROM: | | | | | | | | |
| NAME (Last, First) | | SSN | GRADE | | | | | | | | |
| ADDRESS/UNIT | | | PHONE | | | | | | | | |
| ADDRESS CONTINUED | | | SHIP TO: <input type="checkbox"/> CLINIC <input type="checkbox"/> PATIENT | | | | | | | | |
| CITY, STATE, ZIP | | | | | | | | | | | |
| AD | RES | NG | RET | OTHER* | A | N | AF | MC | CG | PHS | OTHER* |
| | | | | | | | | | | | |
| FRAME | | EYE | | BRIDGE | | TEMPLE | | COLOR | | | |
| PD | DIST | NEAR | LENS | | TINT | | MATERIAL | | PAIR | CASE | |
| | SPHERE | CYLINDER | AXIS | DECENTER | H PRISM | H BASE | V PRISM | V BASE | | | |
| R | | | | | | | | | | | |
| L | | | | | | | | | | | |
| MULTIVISION | | | | | LAB USE | | | | | | |
| | NEAR ADD | SEG HT | TOTAL DECENTER | | | | | | | | |
| R | | | | | | | | | | | |
| L | | | | | PRIORITY | | | TECH INITIALS | | | |
| SPECIAL COMMENTS/JUSTIFICATION (*Use this space to specify blocks marked "Other.") | | | | | | | | | | | |
| PRESCRIBING OFFICER/AUTHORITY | | | | | | SIGNATURE | | | | | |

DISTRIBUTION: ORIGINAL - Retained by Lab. COPY 1 - Returned with eyewear. COPY 2 - Entered in health record.