

**EYEWEAR PRESCRIPTION**

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

<b>ORDER NUMBER</b>			<b>ACCOUNT NUMBER</b>			<b>DATE (YYYYMMDD)</b>					
TO: (Lab)					FROM:						
<b>NAME</b> (Last, First, Middle Initial)						SSN		<b>GRADE</b>			
<b>ADDRESS/UNIT</b> (Street, City, State, Zip Code)							<b>PHONE</b> (Include area code)				
							SHIP TO: (X all that apply) <input type="checkbox"/> CLINIC <input type="checkbox"/> PATIENT				
<b>AD</b>	<b>RES</b>	<b>NG</b>	<b>RET</b>	<b>OTHER*</b>	<b>A</b>	<b>N</b>	<b>AF</b>	<b>MC</b>	<b>CG</b>	<b>PHS</b>	<b>OTHER*</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FRAME</b>			<b>EYE</b>		<b>BRIDGE</b>		<b>TEMPLE</b>		<b>COLOR</b>		
<b>PD</b>		<b>DIST</b>	<b>NEAR</b>	<b>LENS</b>		<b>TINT</b>		<b>MATERIAL</b>		<b>PAIR</b>	<b>CASE</b>
/											
	<b>SPHERE</b>	<b>CYLINDER</b>	<b>AXIS</b>	<b>DECENTER</b>	<b>H PRISM</b>	<b>H BASE</b>	<b>V PRISM</b>	<b>V BASE</b>			
<b>R</b>											
<b>L</b>											
<b>MULTIVISION</b>					<b>LAB USE</b>						
	<b>NEAR ADD</b>	<b>SEG HT</b>	<b>TOTAL DECENTER</b>								
<b>R</b>											
<b>L</b>					<b>PRIORITY</b>					<b>TECH INITIALS</b>	
<b>SPECIAL COMMENTS/JUSTIFICATION</b> (*Use this space to specify blocks marked "Other.")											
<b>PRESCRIBING OFFICER/AUTHORITY</b>						<b>SIGNATURE</b>					
<b>DISTRIBUTION:</b> <b>ORIGINAL</b> - Retained by Lab. <b>COPY 1</b> - Returned with eyewear <b>COPY 2</b> - Entered in health record.											