

**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)<br><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>  |                          |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |
| MULTIVISION   |                          |                          |                          |                          | LAB USE                  |                          |   |                          |                          |                          |                          |
|   | <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. |                          |                          |                          |                          |                          |                          |   |                          |                          |                          |                          |