

Children's Sanctuary, Inc.

CLIENT EYE EXAMINATION RECORD

CLIENT:	DATE OF BIRTH:							
DOCTOR'S NAME:								
Office Address	Phone:							
Current Medications:								
Examination Results:								
7								
Recommendations:								
Physician's Date of Exam:								
Signature:	nature:							
RX								
SPHERE	CYL.	YL. AXIS		PRISM ADI		ADD		OTHER
O.D.								
O.S.	3					3		. fs
P.D.'s Dist		Near	r		Lens	з Туре		
Seg. Type: Absorption:								
Intended use of RX:								
REORDER NUMBER:								

Northern Indiana: 800.792.9581. Southern Indiana: 800.339.0210. Ohio: 888.876.3449

www.childrenssanctuary.org

Rev. 12-01-10