

Eye Exam

Date exam scheduled: _____

Date exam performed: _____

Patient: _____

Address: _____

City: _____

Zip Code: _____

		Sphere	Cylinder	Axis	Prism	Base	Decentration	
							In	Out
Distance	R							
	L							

		Segment				Total Inset and Decentration
		Power	Height	Width	Inset	
ADD	R					
	L					

		DBL	Lens Size (box) & Shape
PD	Far		
	Near		

Instructions: _____

Examining Physician Signature: _____

Please Print or Type: _____
(physician name)

Address: _____

Phone: _____