# EYEWEAR PRESCRIPTION

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

| **ORDER NUMBER** | **ACCOUNT NUMBER** | **DATE** *(YYYYMMDD)* |
|---|---|---|
| | | |

| TO: *(Lab)* | FROM: |
|---|---|
| | |

| NAME *(Last, First, Middle Initial)* | SSN | GRADE |
|---|---|---|
| | | |

| ADDRESS/UNIT *(Street, City, State, Zip Code)* | PHONE *(Include area code)* |
|---|---|
| | SHIP TO: *(X all that apply)* ☐ CLINIC ☐ PATIENT |

| AD | RES | NG | RET | OTHER* | A | N | AF | MC | CG | PHS | OTHER* |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| FRAME | EYE | BRIDGE | TEMPLE | COLOR | |
|---|---|---|---|---|---|
| DIST / NEAR<br>**PD** _____ / _____ | 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.