

Reference: «reference»

NAME	«title» «firstnames» «surname»					DATE				
ADDRESS	«address1»		DS	DC	AXIS	DOB				
	«address2»	Spec Rx								
	«town»	R								
	«postcode»	L								
TELEPHONE	«telhome»	Add								
DATE S/T	«startdate»	Current			Wearing Time					
C/L history		C/L								
		Comfort			Days/Week					
Occupation										
Hobbies										
Allergies			K readings							
SLIT LAMP			SLIT LAMP							
Lids external			Lids external							
Margins			Margins							
Lashes			Lashes							
Conjunctiva			Conjunctiva							
Cornea			Cornea							
Vessels/Green Filt			Vessels?							
Fluorescein			Fluorescein							
Yellow F	TRIAL LENSES									
Rx/B.C/Diam		R			L					
Centration										
MVmt										
Coverage										
Comfort										
V/A dist										
near										
		R			L			RECALL		