

Surname	Title	Date of birth (if under 16)
Other names		Ref. number
Address		
Postcode		

CONTACT LENS SPECIFICATION:

Contact lens type:	R	
Contact lens manufacturer:	L	
Date issued:	Specification expires:	*Expected wearing frequency: _____ pairs per week/month.

*State number of pairs and delete "week" or "month", as appropriate.

OTHER INFORMATION: _____

Important: Contact Lenses should only be supplied in a quantity likely to be used before the expiry date.

NAME AND ADDRESS OF OPTOMETRIST'S PRACTICE:

I have fitted the above contact lenses. Lenses may be supplied to this specification for wear up until the expiry date noted above. A further appointment will be necessary before that expiry date to check the fit of the lenses and re-issue the specification.

Date: _____

Optometrist:

Name (CAPITALS): _____

Signature: _____ GOC No. _____

Address at which contact lens fitting was undertaken, if different from practice address above: _____