CL SERVICE:		Date:		
		□ New Fit □ Refit* □ Progress Evaluation** □ Follow-Up □ ECL □ VNCL: □ 10D □ KC □*** □ 2-lines VA?		
		·		
Prior CL	OD:			
	OS:		VA	
CL Hx	WT:	Modality:		
	Care:			
	Other:			
Vanatamaturi			-	
Keratometry	OD:	OS:		
Trial Lenses	OD:		VA	
	OS:			
Over Ref.	OD: OS:		VA VA	
SLEx	US.		VA	
	OD:	Centration Moven	nent	
	OS:	Centration Moven	nent	
Assessment:				
Plan:				
FINAL RX			Qty	
	OS: _		Qty	
ORDERING	Date	From: Stock? Ot	her:	
CPT : □ 92310	0 □ 923	11 🗆 92312 🗆 92313 🗆 92071 🗆 920	072 🗆	
FOLLOW U	P: Date	CL Dispensed? Yes	No OTY: Date:	
2==20.			2 :	

NOTES/CARE/WEARING SCHEDULE/REPLACMENT SCHEDULE: