PRESCRIPTION: (Optician Copy) **Today's Date:** 04/18/2007

Ima Doktor, OD

Maple Valley Vision Clinic 123 Maple St, Mapleville, OR 97233

Lic# 11112 **Tel**: (313)111-2222



FOR: Joe Black

EYE	BRAND	вс	SPH	CYL	AXIS	DIA	ADD POWER / PARAMETERS
OD	Vistakon Acuvue Advance	8.3	-2.25			14.0	
OS	Vistakon Acuvue Advance	8.3	-2.75	·		14.0	

Dr:	
	DISPENSE AS WRITTEN

Exam Date: 04/11/2007

Expires: 4/11/2009

Regarding this prescription: Expires on the date noted at the top. After that time a comprehensive eye exam is necessary before new glasses or contacts can be dispensed. Federal law prohibits the dispensing of contact lenses without a current, valid prescription. Substitutions are $\underline{\textit{NOT}}$ permitted unless specifically authorized.

CONTACT LENS INSTRUCTIONS: (for Joe Black)

You are not required to have a follow-up visit, but if you have any questions or concerns, of if you would like to have your contacts checked for any reason, please feel free to call us for a follow-up visit (appointment required). There is no charge for follow-up visits IF COMPLETED WITHIN THREE (3) MONTHS of exam.

Your contacts must be removed nightly (no sleeping in the contacts). The contacts you have do not allow sufficient oxygen to reach the surface of the eye for the cornea to breath properly at night (with your eyes shut). You risk SERIOUS corneal damage by repeatedly sleeping in your lenses.

Remove your lens immediately and call our office if:

- 1) you feel unusual pain or redness with contacts.
- 2) your vision becomes unusually cloudy or blurry.
- 3) your vision decreases and does not clear up.
- 4) you suspect something is wrong.

Replacement Schedu	ule:Daily _	Weekly	_X_2 Weeks .	2-4 Weeks .	Monthly _	_Yearly
Cleaning Solutions:	ReNu	Complete	_X_ Optifree	QuickCare	AOSept_	Boston Advanced
Rewetting Drops: _	_ Refresh Co	ntacts _X_	_ Blink n Clean	Clerz lens	drops	