State of New Hersey PRESCRIPTION BLANK

DOCTOR SPECIALTY STREET

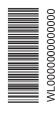
CITY STATE ZIP
PHONE

LICENSE # ___

PATIENT

VALID ONLY FOR PRESCRIPTION EYEWEAR

ADDRESS _	Sec. 85.00			DATE
Rx	SPHERE	CYLINDER	AXIS	PRISM
OD				
OS		GREA		N JER
ADD		P.D.	SPERITY AND A SP	
ADD		REMARKS:		



D.O.B.

DO NOT REFILL ____

SIGNATURE OF PRESCRIBER

REFILL TIMES