

NAME: _____

DATE: _____ Time _____

OCT SAME DAY _____

OCT _____ VISUAL FIELD _____ (24-2) or (10-2) or (30-2)

Tech Only _____ PAM _____ PACY _____

Refer to: _____

CAT SX OD / OS First Lens Type Standard ____ Toric SVL ____ Panoptic ____ Oculentis ____

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