

Patient Name: ANT BEAR.

Exam Date: 12/10/84

Rx Number: _____

Vertex Distance: _____

Wearing Distance: _____

Remarks: _____

Signed: G.F. [Signature] Date: 12/10/84

	Sphere:	Cylinder:	Axis:	Prism:
OD	+0.50	+1.00	180	
Distance				
OS	+1.25	+0.75	150	
OD	+3.00			
Add				
OS	+3.00			



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