Canadian Vision Care DATE:								DATE:								
NAME:							NAME:									
ADDRESS:							ADDRESS:									
TOWN:								TOWN:								
SCHOOL/PHONE#:								SCHOOL/PHONE#:								
CC/RX/MEDS								CC/RX/MEDS								
VA	20/	20/ 20/						VA		20/	20/					
NEAR	20/		20/				NEAR		20/		20/					
			<u> </u>		1.0	O.P.				<u> </u>		· ·		1.0).P.	
OCULAR HEALTH								OCULAR HEALTH								
	DRES	^RIDTI∩	ıNı							DRES	^RIDTI^	N				
SPH	CYL	PRESCRIPTIO CYL AXIS			G	НТ		SPH		PRESCRIPTION CYL AXIS		1		EG HT		
R							R									
L							L									
FRAME MODEL: PD					FDANAE			MODEL:					PD			
FRAME INFO	SIZE:	SIZE: COLOR:					FRAME INFO			SIZE:						
INFO	COLOR:									COLOR:						
	00 20 111									COLOR:					_	
NAME:ADDRESS: TOWN:SCHOOL/PH	adian Vision Ca	re				- - - -	A[TC	AME: _ DDRES: DWN: _	S: _	COLOR:	re					
NAME: ADDRESS: TOWN:	adian Vision Ca	re				- - - -	AI TC SC	AME: _ DDRES: DWN: _	S: _ 'HO	ian Vision Ca	re					
NAME: ADDRESS: TOWN: SCHOOL/PH CC/RX/MEDS	adian Vision Ca	re				-	AI TC SC	AME: _ DDRES: DWN: _ HOOL/P /RX/ME	S: _ 'HO	ian Vision Ca	re					
NAME: ADDRESS: TOWN: SCHOOL/PH CC/RX/MEDS	ONE#:	re	20/			-	AI TC SC	AME: _ DDRESS DWN: _ HOOL/P /RX/ME VA	S: _ 'HO	NE#:	re	20/				
NAME: ADDRESS: TOWN: SCHOOL/PH CC/RX/MEDS	ONE#:	re				- - - - O.P.	AI TC SC CC	AME: _ DDRES: DWN: _ HOOL/P /RX/ME	S: _ 'HO	ian Vision Ca	re).P.	
NAME: ADDRESS: TOWN: SCHOOL/PH CC/RX/MEDS VA NEAR	ONE#: 20/ 20/	re	20/			- - - - O.P.	AI TC SC CC	AME: _ DDRESS DWN: _ HOOL/P /RX/ME VA NEAR	S: _ 'HO	NE#:	re	20/).P.	
NAME: ADDRESS: TOWN: SCHOOL/PH CC/RX/MEDS VA NEAR	ONE#: 20/ 20/	re	20/		1.0	O.P.	AI TC SC CC	AME: _ DDRESS DWN: _ HOOL/P /RX/ME VA NEAR	S: _ PHO DS	NE#:	re	20/	SEC	1.00		
NAME: ADDRESS: TOWN: SCHOOL/PH CC/RX/MEDS VA NEAR OCULAR HEALTH	ONE#: 20/ 20/ PRESO	CRIPTIO	20/ 20/		1.0		AI TC SC CC	AME: _ DDRESS DWN: _ HOOL/P /RX/ME VA NEAR CULAR EALTH	S: _ PHO DS	NE#:	CRIPTIO	20/ 20/		1.00		
NAME: ADDRESS: TOWN: SCHOOL/PH CC/RX/MEDS VA NEAR OCULAR HEALTH	ONE#: 20/ 20/ PRESO CYL	CRIPTIO	20/ 20/		1.0	НТ	AI SC CC	AME: _ DDRESS DWN: _ HOOL/P /RX/ME VA NEAR CULAR EALTH	S: _ PHO DS	NE#:	CRIPTIO	20/ 20/		1.00	НТ	
NAME: ADDRESS: TOWN: SCHOOL/PH CC/RX/MEDS VA NEAR OCULAR HEALTH SPH R L	ONE#: 20/ 20/ PRESC CYL MODEL:	CRIPTIO	20/ 20/		1.0		OC HE	AME: _ DDRESS DWN: _ HOOL/P /RX/ME VA NEAR CULAR EALTH	S: _PHO	NE#:	CRIPTIO	20/ 20/		1.00		
NAME: ADDRESS: TOWN: SCHOOL/PH CC/RX/MEDS VA NEAR OCULAR HEALTH	ONE#: 20/ 20/ PRESO CYL	CRIPTIO	20/ 20/		1.0	НТ	OC HE	AME: _ DDRESS DWN: _ HOOL/P /RX/ME VA NEAR CULAR EALTH	S: _PHO	NE#:	CRIPTIO	20/ 20/		1.00	НТ	