



Prescription Form

Toll Free: 1-877-706-4480

Fax #: 713-706-4161

Please call in or fax prescription form to one of the numbers above

Check one box to indicate type of prescription below

Customer Name: _____

SINGLE VISION PRESCRIPTION YES

	SPHERE	CYLINDER	AXIS	PRISM	BASE ▲ ▼	PUPILARY DISTANCE
OD (RIGHT EYE)						
OS (LEFT EYE)						

INFORMATION NEEDED:

- 1) DISTANCE Rx ONLY
- 2) PUPILARY DISTANCE
- 3) VERIFY Rx IS CURRENT FOR THE YEAR

BIFOCAL PRESCRIPTION YES

PROGRESSIVE PRESCRIPTION YES

	SPHERE	CYLINDER	AXIS	PRISM	BASE ▲ ▼	PUPILARY DISTANCE
OD (RIGHT EYE)						
OS (LEFT EYE)						
ADD						

INFORMATION NEEDED:

- 1) DISTANCE Rx
- 2) ADD BIFOCAL POWER
- 3) PUPILARY DISTANCE
- 4) VERIFY Rx IS CURRENT FOR THE YEAR

Medical Supplies & Equipment Company
6420 Richmond Ave Suite 233
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