

Surname Mr/Mrs/Miss/Ms Mr Frank O'Gorman
Forenames 6 Eddeys Lane
Address SURREY GU35 8HU

Date of Birth (if under 16)

I have today examined your eyes as required by the Sight Testing Regulations 1989, with the following recommendations:

New prescription as advised
No clinical change in prescription
(You may still want new spectacles)

☒ No prescription necessary ☐
☐ I am referring you to your doctor ☐

R

Di
In
Near

Mr Frank O'gorman
Test Date 22/11/2006
TR:1144890
SPH CYL AXIS ADD Inter-ADD BVD
R +2.50
L +1.50 -0.25 30 +1.50
H-Dist V-Dist H-Near V-Near
RPrism
LPrism

L

| | Sph | Cyl | Axis | Prism |
|------|-----|-----|------|-------|
| Dist | | | | |
| Int | | | | |
| Near | | | | |

R

L

| Diameter | Sph | Cyl | Axis | Other |
|----------|-----|-----|------|-------|
| | | | | |
| | | | | |

Comments

I advise a further examination not later than

2 years.
Optician's name A. SHAFAT
Signature [Signature]
Date 22.11.2006

Optician's name

Signature

Goc No Date

Expiry Date

Next Aftercare Due

CLEAR
PRICE
IS HERE



No 1 for eye tests