



LIONS OPERATION BRIGHTSIGHT

Multiple District 410 • Southern Africa

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NPO No 001-283



Control Number LOB

SCRIPT

LIONS CLUB OF:

RESPONSIBLE LION CONTACT DETAILS:

NAME: TEL NUMBER:

PATIENT DETAILS:

Name: Test Date:

Sex:	Male	Female	Age:	yrs.
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ID Number:

Phone Number:

Address:

	SPH	CYL	AXIS	PRISM	BASE	ADD
Right Eye:						
Left Eye:						

Type of Lens:		Segment Height:		PD:	Distance	Readers
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ADDITIONAL INFORMATION:

Cataract Referral? YES / NO

Face Width: Narrow

Medium

Wide

Requirement	Quantity	Additional information
Readers		
Distance		
Bifocal		
Multifocal		
Other		

NB! High script spectacles will be quoted for on receipt of script.

PLEASE PRINT CLEARLY AND ONLY USE BLACK PEN