


☒ VA Contract

Gainesville: _____	Date: <u>8/22/16</u>	Last Fc: _____
Lake City: <u>76</u>	Veteran Name: _____	
Ocala: _____	Phone #: _____	
Tallahassee: _____	Invoice #	Dispense Date
Villages: _____	Dispenser	
W. P. Beach: _____	Patient Received RX	
Other: _____		

	Sphere	Sphere	Cylinder	Axis	Prism	O.C. Loc.	Base C
Distance	R	<u>+0.25</u>	<u>-0.50</u>	<u>125</u>			
	L	<u>-0.50</u>	<u>spk</u>				
Add	R	<u>2.50</u>	Seg. Height	<u>Plastic</u>	Trivex	Poly	Hi-Index
	L	<u>2.50</u>	<u>10</u>	Glass	UV/Tint	Safety	Pkg
Pupillary Distance	Lens Color		Solid	Gradient	Polarized	Transition	PGX
Far	Near	Groove		Drill Mount		AR	
<u>65</u>	<u>65</u>						
D-28	D-35	D-45	7x28	8x35	Blended	Progressive	Other

Frame Information			VA Contract Amount	
Frame	Color	Eye	<u>35</u>	
<u>1561</u>	<u>BK</u>	<u>55</u>	<u>Bif</u>	
Comments:			AR Package	
			Frame	
			High Add	
			High Index	
			High Power	
			Prism	
			Progressive	
			Safety Frame	
			Slab	
Specialty				
Tint (Each)				
Transitions				
Total VA Contract Amount			<u>35</u>	

Patient agrees the above products are items they have chosen today.

X _____ Date _____