

OPTICAL PRESCRIPTION

R3/11

Name: Janice Pipkins Date: 3/21/2013

Address: _____

R EYEGLASSES

	SPHERE	CYLINDER	AXIS	PRISM
OD	+0.25	-0.75	120	
OS	+1.00	-0.50	115	
ADD	+2.50			
ADD	FT 35mm wide Bifocal -			

Remarks: _____

Exp. Date: 03/21/2014

DR IKA NYOWHEOMA O.D.
300 MEMORIAL CITY WAY
713 647-0864

Lic. # _____

ANNUAL EYE EXAM RECOMMENDED

RECOMMENDATION

- Polycarb lenses
- Anti-Reflective lenses
- Transitions lenses
- Progressive lenses
- Polarized lenses
- High Index
- Sunglasses

*uv tint

OPTICAL PRESCRIPTION

R3/11

Name: Charles Pipkins Sr Date: 03/21/2013

Address: _____

R EYEGLASSES

	SPHERE	CYLINDER	AXIS	PRISM
OD	+0.75	1.50	020	
OS	+0.50	1.00	165	
ADD	+2.50			
ADD	Bifocal wide 35mm			

Remarks: _____

Exp. Date: 03/21/2014

DR IKA NYOWHEOMA O.D.
300 MEMORIAL CITY WAY
713 647-0864

Lic. # _____

ANNUAL EYE EXAM RECOMMENDED

RECOMMENDATION

- Polycarb lenses
- Anti-Reflective lenses
- Transitions lenses
- Progressive lenses
- Polarized lenses
- High Index
- Sunglasses

*uv tint