**DELIVERY RECEIPT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Practice Name****Address****Phone, FAX, e-mail****Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Sphere** | **Cylinder** | **Axis** | **Prism** | **Base** |
| Distance | OD |  |  |  |  |  |
| OS |  |  |  |  |  |
| **Add** | OD |  | **Special****Instructions:** |  |  |
| OS |  |  |

**Eyeglasses, including the following features:*** + Frame (brand and identifying information) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Single vision lens(es)
	+ Bifocal lens(es)
	+ Trifocal lens(es)
	+ Polycarbonate lens(es)
	+ Progressive lens(es)
	+ Wide segment
	+ Balance lens
	+ UV filtration
	+ Slab off
	+ Prism
	+ Oversize lens(es)
	+ Tint (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Anti-reflective coating
	+ Scratch coating
	+ Deluxe lens features (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 * + Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I acknowledge receipt of the eyeglasses described above.****Delivery Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Patient’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |