**DELIVERY RECEIPT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |