

Account Number

Account Name

REDO ORDER

Patient:

Invoice:

Lens(es) to be Redone (circle):

Right Left Pair

Reason for Redo (circle):

AR Defect Scratch
Rx. Change Bad Edge
Data Entry Non-Adapt

Other:

New RX (if applicable):

	SPH	CYL	Axis	Prism
Right				
Left				
	Add	Seg	PD	
Right				
Left				

Notes:



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