



EYE INK FX, INC
HAND PAINTED COSMETIC CONTACT LENS PRESCRIPTION & FITTING VERIFICATION FORM

NAME:		DATE:		LENS ORDERING / DESIGN:				
KERATOMETER:			PREVIOUSLY FIT		Patient has been instructed in the proper methods of insertion, removal, use, and care of contact lenses.			
R:		YES	NO	YES	NO			
L:								

EYE COLOR:		IRIS DIAM:		PUPIL DIAM:			
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SMALL DIAM LENS										
DIAM	B.C.			CT.			PRISM			
15.0	8.3	8.6	8.9	Std 0.2	0.30	0.40	None	1.0	1.5	2.0
16.0	8.3	8.6	8.9	Std 0.2	0.30	0.40	None	1.0	1.5	2.0

LARGE DIAM LENS (Soft Scleral) (NOTE: Toric Not Avail in Large Diam Lenses)										
DIAM	B.C.			CT.			PRISM			
18.0	8.3	9.0	9.8	Std 0.2	0.30	0.40	None	1.0	1.5	2.0
20.0	8.3	9.0	9.8	Std 0.2	0.30	0.40	None	1.0	1.5	2.0
22.0	9.0		9.8	Std 0.2	0.30	0.40	None	1.0	1.5	2.0

<p align="center">PLEASE SPECIFY WHERE PRISM DOT SITS IF APPLICABLE</p> <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="text-align: center;"> <p>Prism Sits At</p>  </div> </div>	<p align="center">DR's NOTES</p>
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	POWER / SPHERICAL EQUIVALENT	SPH	CYL	AXIS
R.				
L.				

Practice/Office Name:		Practice/Office Address:	
Doctor Print Name:		Phone:	
Doctor Signature:			DATE:

ALL LENSES ARE TO BE PAINTED/TINTED BY EYE INK FX, INC USING FDA APPROVED KONTUR CONTACT LENS COMPANY, INC. (KOO1908; DEVICE NAME KONTUR 55 SOFT LENS) AND FDA APPROVED COLOR ADDITIVES.
 EYE INK FX, INC, IS IN COMPLIANCE WITH THE FDA & FDCA REGULATIONS CODED 21 C.F.R. § 73.21, 21 C.F.R. § 70.25 AND 21 C.F.R. §§ 807 and 820.



PLEASE FAX PRESCRIPTION / VERIFICATION FORM TO (818-484-2777)

• Eye Ink FX • Cristina Patterson • Ventura, CA •
 • (818-261-2261) •