

Future Health Concepts, Inc.

PRESCRIPTION FORM

Customer Name: _____

Fax: 407.322.3871

Please fax prescription form to the above number

Check box indicating prescription type (one of three) below

SINGLE VISION PRESCRIPTION YES

	SPHERE	CYLINDER	AXIS	PRISM	BASE ▲▼	PUPILARY DISTANCE
OD (RIGHT EYE)						
OS (LEFT EYE)						

INFORMATION NEEDED:

- 1) DISTANCE Rx ONLY
- 2) PUPILARY DISTANCE
- 3) VERIFY Rx IS CURRENT FOR THE YEAR

BIFOCAL PRESCRIPTION YES

PROGRESSIVE PRESCRIPTION YES

	SPHERE	CYLINDER	AXIS	PRISM	BASE ▲▼	PUPILARY DISTANCE
OD (RIGHT EYE)						
OS (LEFT EYE)						

ADD	
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INFORMATION NEEDED:

- 1) DISTANCE Rx
- 2) ADD BIFOCAL POWER
- 3) PUPILARY DISTANCE
- 4) VERIFY Rx IS CURRENT FOR THE YEAR



Future Health Concepts, Inc.
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