

No. 673

PRESCRIPTION

OPTOMETRIST : Dr. Lee, Im M.D.

NAME : Stephen Yold

SEX : (M) · F

Date of Birth : 8 . 15 . 60 .

ADDRESS :

TEL : 699-1393

| DIST | SPH | CYL | AXIS | P.D | ADD | PRISM | B.C | REFERENCE |
|------|--------|-----|------|-----|-----|-------|-----|---------------|
| O.D. | 6.50 D | D | | CA | | | 8.6 | C R - 6.00 |
| O.S. | 7.00 D | D | | | | | | L - 7.00 |

| FRAME | LENS | CONTACTLENS |
|-------|------|-------------|
| | | |

COST : 50.00

PREPAY : 50.00

SURPLUS :

ORDER Date : 12 . 1 . 2011 .

Assumption Date :

SEE WORLD-OPTICAL

AMERICAN SAMOA 96799

PH : (684)256-0829, 733-7568 CEL : 633-0144

"NO Refund"