

## mycontactlenses.co.uk contact lens prescription form

This form must be completed and signed by your optician

Patient Name Title  First  Surname   
 Patient Date of Birth   
 Patient Telephone Number

### Contact lens type and specification

	Lens Manufacturer	Lens Type	Lens Specification					
			BC	DIA	SPH	CYL	AXIS	ADD
Right								
Left								

Specification Expiry Date

### Optician's details

Optometrist / Contact Lens Practitioner Name Title  First  Surname

Optometrist / Contact Lens Practitioner GOC Number  -

Practice Name   
 Practice Address   
 Practice Town / City   
 Practice County   
 Practice Postcode   
 Practice Telephone Number

Or Stamp

Optometrist / Contact Lens Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Once completed, please send your prescription to us either by:**

**Post:** My Contactlenses Ltd, PO Box 339, Bristol, BS9 1UX  
**Fax:** 0117 3305801  
**Email:** sales@mycontactlenses.co.uk

If you have any questions regarding prescriptions please email sales@mycontactlenses.co.uk or call our Help Line on 0117 3305801 Mon-Fri 9am-6pm.