

CONTACT LENS SPECIFICATIONS FOR

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Date of birth (if under 16)

Right lens		Left lens
	Material & Design	
	BOZR : BOZD	
	BPR1 : BPD1	
	BPR2 : BPD2 / TD	
	BPR3 : TD	
	Power	
	Centre thickness	
	Tint if applicable	
	Mark if applicable	
	Manufacturer	
	Other details	

Date of completion of contact lens fitting	
Date of last aftercare consultation	
Next aftercare consultation recommended	
Expiry date of specification (if different from above)	
Expected wearing frequency - pairs per week/month	
Clinical Notes	

Signature Practitioner's Name

Qualifications GOC No.....

Date

Practice Name (GOC registered)

Address where fitting was completed

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As someone who wears contact lenses you need continuing professional care to make sure that your lenses do not cause any problems to your eyes, either now or in the future. You also need advice to ensure that the lenses you are wearing are the most suitable type for you. You should ensure that you have regular check ups and understand what to do in the event of problems with your eyes or your lenses. If you are having any difficulty with your contact lenses, you should consult your contact lens practitioner.

If you are unable to resolve the difficulty, please write to the Optical Consumer Complaints Service, PO Box 219, Petersfield GU32 9BY