

CONTACT LENS SPECIFICATION



Member of
**Association of British
Dispensing Opticians**

SPECIFICATION ISSUED TO:

Patient's name:

Patient's address:

Patient's date of birth (if under 16):

As a contact lens wearer you need continuing professional care to make sure that your lenses do not cause any problems to your eyes, now or in the future.

Make sure you have regular check up appointments as advised by your eyecare practitioner.

In the event of any concerns with your eyes or if you have any difficulties with your contact lenses consult your eyecare practitioner.

Right Eye		Left Eye
	MATERIAL and DESIGN	
	BOZR : BOZD	
	BPR1 : BPD1 / TD	
	BPR2 : BPD2 / TD	
	BPR3 : TD	
	POWER	
	CENTRE THICKNESS	
	TINT if APPLICABLE	
	MARK if APPLICABLE	
	MANUFACTURER	
	OTHER DETAILS	

Date of completion of contact lens fitting:

Practitioner's name and qualifications:

Date of last aftercare consultation:

GOC number:

Next aftercare consultation recommended:

Practice telephone:

Expiry date of specification: (If different from above)

Practice email:

Expected wearing frequency:

Practice address:

ADDITIONAL INFORMATION

Care Regime recommendations

Practitioner's signature:

Date: