

Prescription for distance eyeglasses

Please read the following before completing this document:

1. This document must be filled by a **licensed eye care professional in Singapore**. Please be aware that the refraction required to issue a prescription is a paid service.
2. This document must be **filled in English**.
3. Please make sure all **handwriting is easy to read**.
4. Make sure you have a **distance prescription** (not reading, intermediate, contact lens, etc.).
5. Ensure it is **stamped by the practice or prescriber**.

First name	Last name	Date of birth		
<input type="text"/>	<input type="text"/>	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>

	Sph	Cyl	A	Add
Right eye (OD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left eye (OS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>			
<input type="checkbox"/>	I confirm this patient does not require any prismatic correction.			
<input type="checkbox"/>	I confirm this patient has no systemic medical eye condition that would prevent him from purchasing ZEISS Optical Inserts. For more information on ZEISS Optical Inserts visit zeiss.com.sg/vision-care/zeiss-optical-inserts.html			

Prescription issue date
<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>

Prescriber information	Prescriber stamp
<input type="text" value="Address line 1"/>	<input type="text"/>
<input type="text" value="Address line 2 (optional)"/>	
<input type="text" value="ZIP code"/> <input type="text" value="Phone"/>	



Looking for an eye care partner? We know some great ones.

Scan the QR code and find ZEISS eye care partners in your area to perform the refraction and fill out this template.

