

LENSCRAFTERS

1199 FIRST AVENUE
1199 FIRST AVENUE AT 65TH STREET
NEW YORK, NY 10021

Phone: [REDACTED]
Fax: [REDACTED]

Patient Name: Jeffrey Epstein Date: 9/2/10
Sun: _____

<input checked="" type="checkbox"/> COMPLETE SG	LENS MATERIAL
<input type="checkbox"/> POLYCARB WITH SG A/R	
<input checked="" type="checkbox"/> COMPLETE	
<input type="checkbox"/> POLYCARB WITH A/R	
<input checked="" type="checkbox"/> PLUS	
<input type="checkbox"/> POLYCARB HARDCOTE	
<input type="checkbox"/> POLYCARB	
<input type="checkbox"/> SPF	
<input type="checkbox"/> POLYCARB POLARIZED	
<input type="checkbox"/> POLARIZE POLYCARB	
TOTAL LENS	
UV & TINT	
DURALENS	
CR39 HARDCOTE	

Do you use a computer? Yes No
 Readings: Extended Reading
 Very Close/Fine Detail
 Do you have problems with bright lights or glare?
 Yes No
 If yes, when do you notice this?
 On-coming headlights Computer Screen
 Glare from windshield Sunlight
 What sun protection do you currently wear?

What hobbies/activities do you enjoy?
 Do you engage in any activities that could cause eye injury?

Are you currently a contact lens wearer?
 Yes What do you like dislike about your contacts?
 Vision Comfort Convenience
 Dryness
 No Have you ever worn contacts? Yes No
 Do glasses get in the way of any activities? (golf, swimming, etc.)

Would you like to explore the latest advances in contact lenses?
 Yes No
 What do you like dislike about your current eyewear?

Weight Thickness Fit Style
 Shape Durability Size Color
 While Copy - Patient Yellow Copy - Dispenser Pink
 Copy - File
 EX-067-LC

OD	Sphere	Cylinder	Axis	Prism	Add	<input type="checkbox"/> Single Vision <input type="checkbox"/> Progressive <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Distance <input type="checkbox"/> Near
OS	+0.25	-0.25	090			<input type="checkbox"/> Single Vision <input type="checkbox"/> Progressive <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Distance <input type="checkbox"/> Near

OD	Sphere	Cylinder	Axis	Prism	Add	<input checked="" type="checkbox"/> Single Vision <input type="checkbox"/> Progressive <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Distance <input type="checkbox"/> Near
OS	+0.25	-0.25	090			<input type="checkbox"/> Single Vision <input type="checkbox"/> Progressive <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Distance <input type="checkbox"/> Near

Computer/reading

OD	Sphere	Cylinder	Axis	Prism	Add 1	Add 2	<input checked="" type="checkbox"/> Single Vision <input type="checkbox"/> Progressive <input type="checkbox"/> PRIO <input type="checkbox"/> Bifocal
OS	+4.00						<input type="checkbox"/> Single Vision <input type="checkbox"/> Progressive <input type="checkbox"/> PRIO <input type="checkbox"/> Bifocal
OS	+4.50	-0.25	090				<input type="checkbox"/> Single Vision <input type="checkbox"/> Progressive <input type="checkbox"/> PRIO <input type="checkbox"/> Bifocal

Safety/Specialty:

OD	Sphere	Cylinder	Axis	Prism	Add	<input type="checkbox"/> Single Vision <input type="checkbox"/> Progressive <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Distance <input type="checkbox"/> Near
OS						<input type="checkbox"/> Single Vision <input type="checkbox"/> Progressive <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Distance <input type="checkbox"/> Near

Match Prior: BC Yes No OC Yes No PD _____ mm
 Remarks: John Uson O.D.
 OD License # 2467 Expires: 9, 1, 11