



Final Contacts Rx

PMS ID: Sex: DOB: MRN: a2e514ec-5c30-4881-86c6-0890af992667 Unknown 01/26/1999 EMA14642908

PATIENT INFORMATION						
LAST NAME White	FIRST NAME Kaley	M.I.	SSN	DATE OF BIRTH 01/26/1999	SEX Unknown	MRN EMA14642908
STREET ADDRESS 1017 Fawn Dr			STREET ADDRESS CONTD.			
CITY Cookeville	STATE TN	ZIP CODE 38501	HOME PHONE	CELL PHONE 9313494445		

CONTACT LENS RX DETAILS												
	SPHERE	CYLINDER	AXIS	ADD	BASE CURVE	DIAMETER	BRAND	MANUFACTURER	COLOR / MF PWR	START	EXP. DATE	QTY
OD	-0.75	D.S.	000	0.00	8.40	14.20	TOTAL30 6pk	Alcon Laboratories Inc	Clear	04/08/2023	04/08/2024	
OS	-1.00	D.S.	000	0.00	8.40	14.20	TOTAL30 6pk	Alcon Laboratories Inc	Clear	04/08/2023	04/08/2024	

ADDITIONAL INFORMATION	
Active	Yes
Usage	Distance
Status	Final
Contact Lens Fitting	New
Wearing Schedule	Daily
Disinfecting	Alcon Optifree PureMoist
Replenishment	Monthly
National Brand	N/A

Electronically Signed By: Ronald Miranda 04/08/2023 @ 01:08 PM  
State Lic: 1503 State: TN

*RM*