



# LIONS CLUB of \_\_\_\_\_ SCRIPT

Your spectacles will be ready for collection on ..... MONEY DUE R.....

Received with thanks R \_\_\_\_\_ Signed \_\_\_\_\_

NAME.....No.....

NB! Scripts NOT collected by three months after the date above will be recycled to Brightsight

✂ .....  
Please cut on dotted line and hand top section to patient for easy identification when collecting spectacles.

## LIONS CLUB of \_\_\_\_\_

Date Tested:	No
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Name.....SEX (M/F)..... AGE.....yrs

Identity Number: .....

Tel / Cell Number: ..... ADULT  TEENAGER  CHILD

Address .....

	SPH	CYL	AXIS	PRISM	BASE	ADD
RIGHT						
LEFT						
TYPE OF LENS	DISTANCE / READERS		P.D: Distance:		Readers:	

### Additional Notes

CATERACT REFERRAL? Yes / No

Face width: Narrow

Medium

Wide

Lions Clubs Contact details:

Name: \_\_\_\_\_ Tel/Cell: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Cost	Paid	Due
Test R		
One Pair R 100		
Two Pairs R		
<b>TOTALS</b>		

**NB: Price increase effective – 1 January 2011:**  
One Pair: R 100.00  
Two Pairs (One Script: Distance + Readers) R 175.00

## PLEASE USE BLACK PENS ONLY AND PRINT CLEARLY

**NB: High scripts will be quoted on after the script has been received.  
The Club will be advised of this cost and approval obtained before the spectacles are made.**

Lions Operation BrightSight  
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