AMINU KANO TEACHING HOSPITAL, KANO.

OPHTHALMOLOGY DEPARTMENT

OPTICAL PRESCRIPTION FORM

Hosp. No..... № 001101

Name:.....

Address:.....

..... Date.....

		Sphere	Cylinder	Axis	Prism	Base	Lens Tint.
DIST	R						
	L						

ADD	R		Height		Type	Remarks
	L		Segment			

I.P.D.....Near.....Distance

D.B.L.

Lens Size..... Temple..... .....

Specialist

Frame..... Colour.....