

Patient Name: _____

Original Inv #: _____

Original Optician: _____

Circle one: optician error Dr. Rx change

lab error Pt. satisfaction warranty

other: _____

OFFICE: _____

Chart #: _____

Original Date: _____

Original Doctor: _____

OD

OS

OU

lens defect

Meridian error

non-adapt

Duffens error

Reason for Remake: _____

Remake Inv #: _____ Remake Date: _____

Remake optician: _____ Remake Doctor: _____

Supervisor Signature: _____ Doctors Signature: _____