

Creston Optical
30 West 60th Street, Suite 1Y
New York, NY 10023
212-582-5926

Contact Lens Prescription Release
Fill Exactly As Written, NO SUBSTITUTIONS

Patient: **Levy, Dana**

Phone: **(202) 276-2191**

Date: **1/27/2014**

DOB: **05/11/1980**

Prescription Date: **1/27/2014**

Expiration Date: **1/27/2015**

of Lenses Authorized: OD:

OS:

Disinfection Method: Chemical

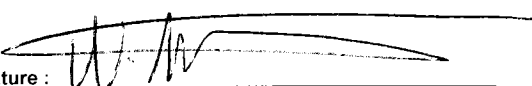
Replacement Interval: **2 Weeks**

X Disposable

X Sphere

| Manufacturer | Series | Base Curve | Diameter | Sphere | Tint |
|-----------------------|--------|------------|----------|--------|------|
| OD Acuvue 1 Day Moist | | 8.5 | | -2.25 | |
| OS Acuvue 1 Day Moist | | 8.5 | | -2.25 | |

Notes:

Signature: 

License # **TUV005399**

Wendy Marshall
Creston Optical
897 Eighth Ave
New York, NY 10019