Petal & Paper

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Eye health and prescription record

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EYE HEALTH

vision record

Name · _____ Optician: ___ NHS/Private: ___

Last test date · ___ Next due: ___ (every 2 years unless directed)

Current prescription · R: Sph ___ Cyl ___ Axis ___ L: Sph ___ Cyl ___ Axis ___

Reading addition (if applicable) · R: ___ L: ___

Glasses / contacts · Provider: ___ Cost: £___ Next replacement: ___

Any eye health concerns · _____ Referred: ☐

Previous prescriptions · Date: ___ Sph: ___/___ Change: ___

YOUR EYES ARE WORTH THE ANNUAL CHECK

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