

**Vontelle, LLC**  
**Eyewear Prescription Form**

*Request Eye Doctor's Office to Complete Form*

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Patient Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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*Type of Prescription - Check One*

**Single Vision**

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**Multi Vision  
Progressives**

☐

*For Readers - Check Box and Add Reader Strength*

**Readers**

☐

**Reader  
Strength**

☐

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**PRESCRIPTION**

<b>EYE</b>	<b>SPHERE</b>	<b>CYLINDER</b>	<b>AXIS</b>	<b>ADD</b>	<i>ADD for Multi Vision/Progressives Only</i>
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**Right OD**

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**Left OD**

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**PD - Pupil Distance:**

*Right*

*Left*

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*Signature/Stamp of Prescriber or Eye Doctor's Office*

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