



EYE INK FX, INC
HAND PAINTED COSMETIC CONTACT LENS PRESCRIPTION & FITTING VERIFICATION FORM

NAME:				DATE:			PROJECT/FILM:			
CHARACTER:										
KERATOMETER:					PREVIOUSLY FIT		Patient has been instructed in the proper methods of insertion, removal, use, and care of contact lenses.			
R:					YES	NO	YES		NO	
L:										
EYE COLOR:				IRIS DIAM:			PUPIL DIAM:			
SMALL DIAM LENS										
DIAM	B.C.			C.T.			PRISM			
15.0	8.3	8.6	8.9	Std 0.2	0.30	0.40	None	1.0	1.5	2.0
16.0	8.3	8.6	8.9	Std 0.2	0.30	0.40	None	1.0	1.5	2.0
LARGE DIAM LENS (Soft Scleral)										
DIAM	B.C.			C.T.			PRISM			
18.0	8.3	9.0	9.8	Std 0.2	0.30	0.40	None	1.0	1.5	2.0
20.0	8.3	9.0	9.8	Std 0.2	0.30	0.40	None	1.0	1.5	2.0
22.0	9.0		9.8	Std 0.2	0.30	0.40	None	1.0	1.5	2.0
PLEASE SPECIFY WHERE PRISM DOT SITS IF APPLICABLE					DR's NOTES					
 Prism Sits At 										
POWER (if needed)					TORIC (if needed)					
					SPH		CYL		AXIS	
R.										
L.										
Practice/Office Name & Address:										
Doctor Print Name:					Phone:					
Doctor Signature:							DATE:			

ALL LENSES ARE TO BE PAINTED/TINTED BY EYE INK FX, INC USING FDA APPROVED KONTUR CONTACT LENS COMPANY, INC. (KOO1908; DEVICE NAME KONTUR 55 SOFT LENS) AND FDA APPROVED COLOR ADDITIVES AND SALINE.
 EYE INK FX, INC. IS IN COMPLIANCE WITH THE FDA & FDCA REGULATIONS CODED 21 C.F.R. § 73.21, 21 C.F.R. § 70.25 AND 21 C.F.R. §§ 807 and 820.

PLEASE FAX PRESCRIPTION / VERIFICATION FORM TO
 (818-484-2777)
 or PDF scan and email to
 cristina@eyeinkfx.com

• Eye Ink FX • Cristina Patterson • Ventura, CA •
 (805-765-6237)

eye ink fx
by Cristina Patterson



special effect contact lenses