



Westside ASC Lens Order Form

450 West 31st Street, 2nd Floor, New York, NY 10001

Phone: (646)930-2700 Fax: (646)609-1350

Surgery Date: _____

Surgeon: _____

Phone Number: _____

Patient	D.O.B.	Right/ Left	Primary Lens Model	Diopter	Back-Lens Model	Diopter	Comments

I have reviewed the above documented order. By signing my name, I certify that the order is correct.

Physician Signature

Physician Name

Date

Time