



LIONS CLUBS SCRIPT ORDER FORM

CLUB NAME:		DATE:	
RESPONSIBLE LION:		CONTACT NO:	

COURIER WAYBILL INFO	
Business Name:	
Business Street Address: <i>Note: Business hours must be 8:00-17:00</i>	
Recipient Name & Cell No:	

PATIENT DETAILS			
Patient Name:		Gender:	Male Female
Patient ID No:		Age:	
Patient Address:			
Face Width:	Narrow Medium Wide	Frame Choice:	

SCRIPT	SPH	CYL	AXIS	PRISM	ADD	PD	SEG HEIGHT
Right Eye:							
Left Eye:							
Cataract Referral:	Yes No	Lions Invoice No:					

LENS TYPE AND ADDITIONAL INFORMATION	
Readers	
Distance	
Bifocal	
Multifocal	
Other Requirements	

NB! SPECIAL SCRIPTS WILL BE QUOTED BEFORE MAKING SPECTACLES.

Optometrist's Name:		Optometrist's Signature:	
Practice Name:		Practice No:	

PLEASE NOTE: In terms of the POPI Act we hereby notify you that we have to record of some of your Personal Information. We need to collect and process limited Personal Information in order to provide you with our services and products. No Personal Information is shared with third parties unless required by law, business processing or statutory purposes. We take every reasonable precaution to protect Personal Information from theft, and or unauthorized access. By completing and submitting this form you give Lions BrightSight consent to use and share the personal information for the sole purpose of processing your sight testing results and spectacle acquisition.