

Date de prescription / Datum voorschrift:

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| Dr:..... | Patient / Patiënt:..... |
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|---------------|------------|----------------|--|---------------------------------|
| BXO | | Adapt. / Aanp. | | Produits / Vloeistof |
| ACE | | Adapt. + 1 TL | | (A facturer / Te factureren) |
| OCEAN.E | | Adapt. + 2 TL | | UNO-Sol. - 250 ml |
| E-TORIC | | SG / ZW | | UNO-Sol. - 360 ml |
| SUNNY | | | | |
| MULTIFOCAL UV | 1-3-6-12 m | INAMI / RIZIV | | |
| OPTIONS | 6-12 m | | | |
| UNO 1 Day | 1-3-6-12 m | Ech. / Omr. | | Starter-Kits (Gratuit / Gratis) |
| UNO 55UV | 1-3-6-12 m | Prêt / Proef | | UNO-Sol. - 360 ml |
| UNO 55UV TOR | 1-3-6-12 m | | | |

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| Expédition / Verzending | | Facturation / Facturatie |
| | Docteur / Dokter | |
| | Patient / Patiënt | |

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|-----------------|--------|----|---|---|
| Lunettes / Bril | Kérat. | Ro | D | Ø |
| OD | | | | |
| RO | | | | |
| OG | | | | |
| LO | | | | |

N.B.:
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