

RX check S.O.P.

List patient's specific complaint(s) – (Please note "*I cannot see*" is not specific enough)

Were glasses made to the doctor's exact prescription? Yes or No (If no, please explain)

Did you compare the current pair to a previous pair? What were the differences?

Were measurements correct? (i.e., if patient is in a progressive/bifocal, is the seg height measured correctly)

Any other comments:

Optical Salesperson:

Date:

Business Name:

Contact Number: