Hudson Yards Surgery Center, LLC.
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