

LAVINDA EYE SPECIALIST HOSPITAL & LASER CENTRE

Services / Payment Form

Name: _____

Consultation (CARD): _____

Consultation: _____

Card Renewal: _____

Retina Consultation: _____

Refraction: _____

Dilatation: _____

Drugs: _____

Eye Wear (Frame): _____

Lens | Fitting: _____

Frame | Lens: _____

G-Screening: _____

C-Screening: _____