



1-800-558-0715

Date In: _____

Acct# _____

Patient Name _____

Tray# _____

| | | SPHERE | CYLINDER | AXIS | PRISM | PRISM DIR | BASE CURVE |
|------|---|--------|-------------|--------------|---------------------------|-----------|------------|
| DIST | R | | | | | | |
| | L | | | | | | |
| ADD | R | | SEG HEIGHT: | OC HEIGHT | ANTI-REFLECTIVE COATINGS: | | |
| | L | | | | Sol-AR 1 | Sol-AR 2 | Sol-AR 3 |
| | | | | Mirror _____ | Other: _____ | | |

SV FT28 FT35 7X28 8X35 Clear Transitions _____ PLASTIC 1.60 INDEX

Polarized _____ POLYCARB 1.67 INDEX

Tint _____ TRIVEX _____

PAL: _____

Thickness _____ CT Edge _____ WARRNTY 1 YEAR WARRNTY 2 YEAR UVL 400 Protective Package: UV, Tint & Scratch Coat

| EYE SIZE | BRIDGE/DBL | FRAME NAME | DIST PD | NEAR PD |
|----------|------------|------------|---------|---------|
| | | | R: | R: |
| | | | L: | L: |

| | | | |
|---------------------|------------------|-------------------------------|----------------|
| EDGED UN CUT | METAL ZYL | RMLS DRILL RMLS GROOVE | Polished Edges |
|---------------------|------------------|-------------------------------|----------------|

| | | |
|----|-----------------|--|
| B | MANF. / CHASSIS | FRAME STATUS SUPPLY ENCLOSED TO COME SIZER ONLY PATTERN DO NOT MOUNT LENS ONLY |
| | FRAME COLOR | |
| ED | CIRC. | |

EDIT _____

TRACED _____

1ST INSP _____

ANALYSIS _____

LAYOUT _____

EDGE _____

TINT _____

HARDEN _____

MOUNTING _____

FINAL _____

SPECIAL INSTRUCTIONS _____

CUSTOMER NAME _____



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|----------|------------|------------|---------|---------|
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