

# ACCT.

DATE \_\_\_\_\_ TIME \_\_\_\_\_ CS \_\_\_\_\_

Patient/Tray \_\_\_\_\_

## ACCT. NAME

	SPHERE	CYLINDER	AXIS	PRISM	BASE	SEG	PD	
							DISTANCE	MONO R
R								
L							NEAR	MONO L
	ADD	LENS STYLE		TRANSITION	CIRCLE MATERIAL			
R				<input type="checkbox"/> Gray <input type="checkbox"/> Brown	CR-39	GLASS		
L				SUNSENSOR	POLY	<input type="checkbox"/> CLEAR		
	TINT / COATING			<input type="checkbox"/> Gray <input type="checkbox"/> Brown	MID-INDEX	<input type="checkbox"/> PGX		
					HI-INDEX	<input type="checkbox"/> PBX		
					<input type="checkbox"/> 1.60 <input type="checkbox"/> 1.66/1.67 <input type="checkbox"/> 1.74	<input type="checkbox"/> HI-INDEX		
					TRIVEX	<input type="checkbox"/> _____		

SPECIAL INSTRUCTIONS

---

---

---

---

---

---

---

---

CONTACT \_\_\_\_\_

FRAME NAME	EYE SIZE	BRIDGE
MFG	B	ED
FRAME COLOR	TEMPLE LENGTH	C-SIZE
UNCUT	DRILLED RIMLESS	FRAME
EDGED	METAL GROOVED RIMLESS	<input type="checkbox"/> SUPPLY
LENSES ONLY	ZYL FACET	<input type="checkbox"/> TO COME
		<input type="checkbox"/> ENCLOSED

#5

FA 01/08

# ACCT.

DATE \_\_\_\_\_ TIME \_\_\_\_\_ CS \_\_\_\_\_

Patient/Tray \_\_\_\_\_

## ACCT. NAME

	SPHERE	CYLINDER	AXIS	PRISM	BASE	SEG	PD	
							DISTANCE	MONO R
R								
L							NEAR	MONO L
	ADD	LENS STYLE		TRANSITION	CIRCLE MATERIAL			
R				<input type="checkbox"/> Gray <input type="checkbox"/> Brown	CR-39	GLASS		
L				SUNSENSOR	POLY	<input type="checkbox"/> CLEAR		
	TINT / COATING			<input type="checkbox"/> Gray <input type="checkbox"/> Brown	MID-INDEX	<input type="checkbox"/> PGX		
					HI-INDEX	<input type="checkbox"/> PBX		
					<input type="checkbox"/> 1.60 <input type="checkbox"/> 1.66/1.67 <input type="checkbox"/> 1.74	<input type="checkbox"/> HI-INDEX		
					TRIVEX	<input type="checkbox"/> _____		

SPECIAL INSTRUCTIONS

---

---

---

---

---

---

---

---

CONTACT \_\_\_\_\_

FRAME NAME	EYE SIZE	BRIDGE
MFG	B	ED
FRAME COLOR	TEMPLE LENGTH	C-SIZE
UNCUT	DRILLED RIMLESS	FRAME
EDGED	METAL GROOVED RIMLESS	<input type="checkbox"/> SUPPLY
LENSES ONLY	ZYL FACET	<input type="checkbox"/> TO COME
		<input type="checkbox"/> ENCLOSED

#5

FA 01/08