



517 Lincolnway East
 Mishawaka, IN 46544
 Phone/Fax 574-256-1682
 800-331-6852

ACCOUNT NAME	CITY	DATE SENT
PATIENT NAME		DATE REC'D

FRAME NAME / MANUFACTURER					LENS SIZE	BRIDGE	TEMPLE
A SIZE	B SIZE	ED SIZE	C SIZE	COLOR	<input type="checkbox"/> TO COME		
					<input type="checkbox"/> ENC.	<input type="checkbox"/> LENS ONLY	

EDGING INFORMATION	
<input type="checkbox"/> ZYL	<input type="checkbox"/> METAL
<input type="checkbox"/> RIMLESS	<input type="checkbox"/> DRILL MT.
<input type="checkbox"/> ROLL & POLISH	<input type="checkbox"/> POLISH
<input type="checkbox"/> ROLL	
<input type="checkbox"/> ALL METAL GROOVE	

TINT INFORMATION	
<input type="checkbox"/> CLEAR	<input type="checkbox"/> COLOR _____
<input type="checkbox"/> SOLID	<input type="checkbox"/> DOUBLE GRADIENT <small>specify</small>
<input type="checkbox"/> GRADIENT	<input type="checkbox"/> MATCH SAMPLE
<input type="checkbox"/> TRANSITIONS	<input type="checkbox"/> POLARIZED
<input type="checkbox"/> GREY	<input type="checkbox"/> GREY
<input type="checkbox"/> BROWN	<input type="checkbox"/> BROWN
	<input type="checkbox"/> COLOR _____
<input type="checkbox"/> OTHER _____	
<small>specify</small>	

LENS INFO	
<input type="checkbox"/> FIN	<input type="checkbox"/> UN CUT
<input type="checkbox"/> STOCK LENS	
<input type="checkbox"/> SV	<input type="checkbox"/> BIFOCAL
<input type="checkbox"/> FLAT TOP	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 25 28 35
<input type="checkbox"/> EXECUTIVE	
<input type="checkbox"/> ROUND SEG	

- | | | | |
|--|---|--|--|
| Plastic
<input type="checkbox"/> CR-39 <input type="checkbox"/> Fact. SRC
<input type="checkbox"/> 1.66/1.67 <input type="checkbox"/> 1.60
<input type="checkbox"/> 1.56/1.57 <input type="checkbox"/> Other
<input type="checkbox"/> Aspheric <input type="checkbox"/> Trivex
<input type="checkbox"/> UV Block | Poly
<input type="checkbox"/> Regular Poly
<input type="checkbox"/> Aspheric
<input type="checkbox"/> 1.0mm
<input type="checkbox"/> _____ | Glass
<input type="checkbox"/> Crown Glass
<input type="checkbox"/> PGX <input type="checkbox"/> PBX
<input type="checkbox"/> 1.60 <input type="checkbox"/> 1.70
<input type="checkbox"/> Other _____ | Thickness
<input type="checkbox"/> 1.5mm
<input type="checkbox"/> 2.2mm
<input type="checkbox"/> 3.3mm Ind.
<input type="checkbox"/> _____ mm |
|--|---|--|--|

SPECIAL INSTRUCTIONS

		SPHERE	CYLINDER	AXIS	PRISM	BASE	OC
DISTANCE	R						
	L						
		ADD	SEG HEIGHT	DISTANT PD	NEAR PD	DEC	SEG INSET
NEAR	R						
	L						

SUGGESTIONS TO IMPROVE SERVICE

REMAKE INFO

 INV. DATE

 INV. #

TRIFOCAL
<input type="checkbox"/> 7/25 <input type="checkbox"/> 7/28
<input type="checkbox"/> 8/35 <input type="checkbox"/> Exec Tri
PROGRESSIVE
<input type="checkbox"/> GT2
<input type="checkbox"/> GT2 SHORT
<input type="checkbox"/> ACCOLADE
<input type="checkbox"/> NATURAL
<input type="checkbox"/> COMPACT ULTRA
<input type="checkbox"/> AO COMPACT
<input type="checkbox"/> YOUNGER IMAGE
<input type="checkbox"/> OTHER

<small>specify</small>

COATING INFO
<input type="checkbox"/> BLUE ICE
<input type="checkbox"/> CARAT
<input type="checkbox"/> CARAT ADVANTAGE
<input type="checkbox"/> ZEISS ET
<input type="checkbox"/> ZEISS GOLD
<input type="checkbox"/> 2YR WARRANTY (LD2)
<input type="checkbox"/> OTHER

<small>specify</small>