



S _____ **B** _____
H _____ **I** _____
I _____ **L** _____
P _____ **L** _____

PATIENT OR
 EMPLOYEES
 NAME _____

SPHERE		CYLINDER		AXIS	PRISM	BASE	DECENTER		
D I S T A N C E	R						IN	OUT	
	L						IN	OUT	
A D D	R	P.D.		CIRCLE CHOICE					
	L	FAR	NEAR	BIFOCAL TYPE		TRIFOCAL TYPE			
FRAME STYLE OR NO.				RD FT25 FT28		7x25 7x28			
				FT35 EXEC		8x35 EXEC			
				OTHER _____		PROGRESSIVE			
FRAME MADE BY	SIDE SHIELD TYPE	NEAR SEG. HEIGHT			OVERALL TRIFOCAL HEIGHT				
FRAME COLOR			IMPORTANT						
EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH & STYLE		MUST HAVE P.D. FOR ALL RX's		MUST HAVE SEG HEIGHT FOR ALL MULTIFOCALS			

SPECIAL INSTRUCTIONS	CIRCLE CHOICES			TRAY NO.	DATE RECD.
	PLASTIC LENSES	GLASS LENSES	POLY LENSES		
	TD2 COATING			DESCR	AMOUNT
	ABRASION COATING (2 SIDES)			LENSES	
	UV 400 COATING			LENSES	
	ANTI-REFLECTIVE COATING			COLOR	
	SOLID TINT (SPECIFY %)			FRAME	
	GRADIENT TINT (SPECIFY)				
	TRANSITIONS				
	OTHER			CASE	
	CLEAR			POST	
				TOTAL	

PROFESSIONAL SIGNATURE—PHONE—DATE _____