



Order Date _____ Tray Number _____

Patient Name _____

Sphere Cylinder Axis Dist. PD Near PD Prism

OD

OS

Add Seg Height OC Height Base Curve Thickness:

OD Industrial 2.0 OS Industrial 3.0 Other: _____

LENS STYLE LENS MATERIAL LENS EDGE STYLE FRAME SUPPLIER

SV Plastic Plastic Supply

ST-28 Polycarbonate Metal Enclosed

ST-35 Drilled To Come

7x28 Grooved Pattern

8x35 Polish Tracing

Other _____ Roll Lenses Only

FRAME INFORMATION

Eye _____ Bridge _____ Temple _____ A _____ Style

Name _____ B _____

Manufacturer _____ ED _____

Color _____ Cir. _____

SPECIAL INSTRUCTIONS
