

CUSTOMER NAME & ADDRESS

C/S Rep. \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

DATE

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SHIP TO: \_\_\_\_\_

PATIENT'S  
NAME \_\_\_\_\_

SHIP: MON. TUE. WED. THURS. FRI.

STYLE	MATERIAL	COLOR	TINT & COAT	EDGING			
<input type="checkbox"/> Stock <input type="checkbox"/> Single Vision <input type="checkbox"/> Aspheric <input type="checkbox"/> Shamir Office <input type="checkbox"/> Trifocal <input type="checkbox"/> Flat-Top 28-35-45 <input type="checkbox"/> VARILUX PHYSIO <input type="checkbox"/> 360 <input type="checkbox"/> VARILUX COMFORT <input type="checkbox"/> 360 <input type="checkbox"/> VARILUX ELLIPSE <input type="checkbox"/> 360 <input type="checkbox"/> VARILUX PANAMIC <input type="checkbox"/> Definity <input type="checkbox"/> Short <input type="checkbox"/> Shamir Piccolo <input type="checkbox"/> Shamir Genesis <input type="checkbox"/> Zeiss GT2 <input type="checkbox"/> Short <input type="checkbox"/> VIP <input type="checkbox"/> XL <input type="checkbox"/> Image <input type="checkbox"/> Navigator <input type="checkbox"/> Short <input type="checkbox"/> _____	<input type="checkbox"/> CROWN GLASS <input type="checkbox"/> PLASTIC <input type="checkbox"/> 1.56 High Index <input type="checkbox"/> 1.60 Hyper Index <input type="checkbox"/> 1.67 Index <input type="checkbox"/> 1.70 Index <input type="checkbox"/> 1.71 Index <input type="checkbox"/> 1.74 Index <input type="checkbox"/> Polycarbonate <input type="checkbox"/> Trivex PHOTOCROMICS <input type="checkbox"/> Trans. 1.5 <input type="checkbox"/> Trans. 1.6 <input type="checkbox"/> Trans. 1.67 <input type="checkbox"/> Trans. Poly <input type="checkbox"/> Trans. Trivex <input type="checkbox"/> SunSensors *Select Color <input type="checkbox"/> Gray <input type="checkbox"/> Brown	<input type="checkbox"/> Polarized Gray C - Brown C <input type="checkbox"/> Drivewear <input type="checkbox"/> Photogray Extra <input type="checkbox"/> Other _____	<input type="checkbox"/> Solid <input type="checkbox"/> Gradient <input type="checkbox"/> RLX <input type="checkbox"/> UV 400 Coat <input type="checkbox"/> CHAD <input type="checkbox"/> SUPER CHAD <input type="checkbox"/> CRIZAL <input type="checkbox"/> CRIZAL ALIZE <input type="checkbox"/> CRIZAL AVANCE	<input type="checkbox"/> Uncut <input type="checkbox"/> Zyl <input type="checkbox"/> Metal Drilled Rimless <input type="checkbox"/> Full <input type="checkbox"/> Semi <input type="checkbox"/> Grooved <input type="checkbox"/> Wrap Frame <input type="checkbox"/> Roll Edge <input type="checkbox"/> Edge Polish			
		BLANK SIZE		THICKNESS	P.D.	FRAME	
		<input type="checkbox"/> STD <input type="checkbox"/> 70 <input type="checkbox"/> 65 <input type="checkbox"/> 75 <input type="checkbox"/> 68 <input type="checkbox"/> 80		<input type="checkbox"/> Standard Thickness <input type="checkbox"/> Industrial 3.0 <input type="checkbox"/> 1.4 Center Plastic <input type="checkbox"/> Grooved Thick <input type="checkbox"/> Knife Edge <input type="checkbox"/> Drilled Rimless Polycarbonate 1.0 - 1.5 - 2.0 - 3.0	D R L I S T N R L E A R	<input type="checkbox"/> Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/> Edge, Do Not Insert <input type="checkbox"/> Pattern Enclosed <input type="checkbox"/> Edge, No Frame Circ. _____ <input type="checkbox"/> Case Enclosed <input type="checkbox"/> Lab Supply	
		SPHERE	CYLINDER	AXIS		DECENTRATION	PRISM
DISTANCE							
ADD	SEG. HT.	INSET	TOTAL	FRAME MODEL & MANUF.			
ADDITION							
FRAME	A DBL B	ED	FRAME P.D.	FOR LABORATORY USE ONLY			

**SPECIAL INSTRUCTIONS**

O.C. \_\_\_\_\_ BASE CURVE REQUESTED \_\_\_\_\_