

Date	
Tray #	

## Work Order

Pt. Name	
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Faxed order	<input type="checkbox"/>
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Uncut	<input type="checkbox"/>	Finished	<input type="checkbox"/>	Web, phone or drop off order	<input type="checkbox"/>
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Lens type :		Lens index	
Lens material :		Lens BC	

Please specify type and brand of coating ,		Tint					
ARC type / brand		solid	<input type="checkbox"/>	Grad.	<input type="checkbox"/>	Uv400	<input type="checkbox"/>
Hard Coat		colour					

	Sphere	Cylinder	Axis	Add	Dist. PD	Near PD
R						
L						

	Seg Ht	Oc Ht	Base	Prism	Direction	Edging			
R			Base	Prism	Direction	Metal	<input type="checkbox"/>	Metal Groove	<input type="checkbox"/>
L			Base	Prism	Direction	Plastic	<input type="checkbox"/>	Drill & notch	<input type="checkbox"/>
						Nylon Rim	<input type="checkbox"/>	Wrap / Sports	<input type="checkbox"/>

Frame name		
Frame size		Colour
Frame supplier		

Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Supplied	<input type="checkbox"/>	Lenses only	<input type="checkbox"/>
Ordered	<input type="checkbox"/>	Safety	<input type="checkbox"/>

Special Instructions	
Trace The Shape or provide measurement	
A	<input type="text"/>
B=	<input type="text"/>
ED=	<input type="text"/>
DBL=	<input type="text"/>

Please stamp or indicate your office name	Technician	Price
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