

# ORDER FORM



Date \_\_\_\_\_

Account Name	Account Number
Address	Patient
Phone number	Optician

**Step 1**

SPHERE	CYLINDER	AXIS	HOR	PRISM	VER
OD					
OS					

  

ADD	SEG /OC	DIST	PD	NEAR	BASE CURVE
OD					
OS					

**Step 2**

LENS STYLE	
<input type="checkbox"/> SV	
Bifocal	
<input type="checkbox"/> FT28	

MATERIAL	
<input type="checkbox"/> CR39	<input type="checkbox"/> 1.60
<input type="checkbox"/> Trivex	<input type="checkbox"/> 1.67
<input type="checkbox"/> Poly	<input type="checkbox"/> 1.70 - 1.74

TRANSITIONS	
<input type="checkbox"/> Gray	<input type="checkbox"/> Brown
<input type="checkbox"/> XtrActive	
<input type="checkbox"/> Other _____	

POLARIZED	
<input type="checkbox"/> Gray	<input type="checkbox"/> Brown
<input type="checkbox"/> Other _____	

PROGRESSIVE
<b>FRESH DIGITAL</b>
<input type="checkbox"/> _____
<b>OTHER</b>
<input type="checkbox"/> _____

**Step 4**

TINT		
<input type="checkbox"/> Solid	<input type="checkbox"/> Gradient	<input type="checkbox"/> Sample Enclosed
<input type="checkbox"/> Color _____		

AR COATING
<input type="checkbox"/> Standard
<input type="checkbox"/> Standard Backside
<input type="checkbox"/> FRESH PREMIUM AR

MIRROR	
<input type="checkbox"/> Solid	<input type="checkbox"/> Flash
<input type="checkbox"/> Color: _____	

**Step 5**

FRESH SPECIAL TREATMENTS	
All rimless lenses are given a High Luster Polish unless noted	
<input type="checkbox"/> Satin Polish	<input type="checkbox"/> Matte Polish
<u>DIAMOND CUTS AND FACETS</u>	
<input type="checkbox"/> Classic Cuts	<input type="checkbox"/> Freestyle Cuts
<input type="checkbox"/> XXX Cuts	<input type="checkbox"/> XXX w/ Facet
<input type="checkbox"/> Blooming Flower	
<input type="checkbox"/> Smooth Facet - Circle: Top Only - Top & Bottom Only - 3 Sides - 360 Circle One: Shiny or Matte	
<input type="checkbox"/> Groove / Edge Paint - Paint Color: _____	
<input type="checkbox"/> Engraving OD _____ OS _____	<input type="checkbox"/> Engraving Color: _____

**Step 3**

FRAME INFORMATION			
Manufacturer _____			
Model _____			
<input type="checkbox"/> Metal	<input type="checkbox"/> Zyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Horn
<input type="checkbox"/> Acrylic	<input type="checkbox"/> Leather	<input type="checkbox"/> Drill Mount	<input type="checkbox"/> Groove
FRAME PROCESSING			
<input type="checkbox"/> Enclosed	<input type="checkbox"/> To Follow	<input type="checkbox"/> Lenses Only	<input type="checkbox"/> Uncuts
<input type="checkbox"/> POF	<input type="checkbox"/> Order in Process		
EYE SIZE		<input type="checkbox"/> MATCH	<input type="checkbox"/> MODIFIED
A	B	DBL	ED

ADDITIONAL INSTRUCTIONS

p. 657-282-0001 f. 657-345-2343

Please call with any questions, concerns or special requests