

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	PROGRESSIVE
<input type="checkbox"/> SV <input type="checkbox"/> SV Aspheric <input type="checkbox"/> FRESH DIGITAL SV Bifocal <input type="checkbox"/> FT28 <input type="checkbox"/> FT35 Trifocal <input type="checkbox"/> 7x28 <input type="checkbox"/> 8x35	FRESH DIGITAL <input type="checkbox"/> _____ YOUNGER <input type="checkbox"/> _____

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	POLARIZED
<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> XtrActive <input type="checkbox"/> Vantage <input type="checkbox"/> Graphite <input type="checkbox"/> Drivewear	<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> G15 <input type="checkbox"/> Specialty _____

Step 4

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

AR COATING	MIRROR
<input type="checkbox"/> Standard <input type="checkbox"/> Standard Backside <input type="checkbox"/> FRESH PREMIUM AR	<input type="checkbox"/> Solid <input type="checkbox"/> Gradient Color: _____

SPECIAL TREATMENTS
<input type="checkbox"/> High Luster <input type="checkbox"/> Matte <input type="checkbox"/> Satin <input type="checkbox"/> FRESH FAUX RIM <input type="checkbox"/> Groove / Edge Paint _____ <input type="checkbox"/> Engraving <input type="checkbox"/> Engraving Coloration _____ <input type="checkbox"/> Facet <input type="checkbox"/> Aviator Top Bar

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	<input type="checkbox"/> Order In Process	
EYE SIZE		<input type="checkbox"/> MATCH	<input type="checkbox"/> MODIFIED
A	B	DBL	ED

ADDITIONAL INSTRUCTIONS
Please call with any questions, concerns or special requests p. 657-282-0001 f. 657-345-2343