



(800) 833-4779 • (480) 748-4545
 fax: (480)-748-4546 • www.GSRx.com
 7440 E Karen Dr. Suite #500 • Scottsdale, AZ 85260

PATIENT NAME (PLEASE PRINT)					SPECIAL INSTRUCTIONS	
LENS STYLES					<input type="checkbox"/> Lab Redo <input type="checkbox"/> Dr Change <input type="checkbox"/> Warranty <input type="checkbox"/> Non-Adapt	
epik™ Series <input type="checkbox"/> Variable <input type="checkbox"/> Variable Device <input type="checkbox"/> Variable Active <input type="checkbox"/> Day <input type="checkbox"/> Standard <input type="checkbox"/> SV Ultimate <input type="checkbox"/> 13mm <input type="checkbox"/> 14mm <input type="checkbox"/> DRV .50 <input type="checkbox"/> 15mm <input type="checkbox"/> 17mm <input type="checkbox"/> DRV .80 <input type="checkbox"/> 17mm <input type="checkbox"/> DRV 1.10 <input type="checkbox"/> 19mm <input type="checkbox"/> Office Ultra HD <input type="checkbox"/> 22mm <input type="checkbox"/> Book <input type="checkbox"/> Desk <input type="checkbox"/> Room <input type="checkbox"/> iBifocal™ <input type="checkbox"/> epik™ ND4™ (Select lens. Available in Variable, DRV, and SV Ultimate.)						
auraND™ Series (All lenses include ND4™ pupil-optimized correction.) <input type="checkbox"/> auraND™ <input type="checkbox"/> aura VariableND™ <input type="checkbox"/> aura DeviceND™ <input type="checkbox"/> aura DRVND™.50 <input type="checkbox"/> aura DRVND™.80 <input type="checkbox"/> aura DRVND™1.10 <input type="checkbox"/> aura SVUND™ Other Lens Styles <input type="checkbox"/> SV <input type="checkbox"/> D28 <input type="checkbox"/> D35 <input type="checkbox"/> 7x28 <input type="checkbox"/> Other					MATERIALS	
SPHERE CYLINDER AXIS PRISM UNCUT					WARRANTY	
R					<input type="checkbox"/> 2 Years Lens	
L					<input type="checkbox"/> 2 Years Frame & Lens	
ADD SEG HT DPD NPD OC					POSITION OF WEAR	
R					Vertex _____	
L					Panto _____	
LENS MOUNTING		PROPER OPTICS® PACKAGE			Wrap _____	
<input type="checkbox"/> Metal <input type="checkbox"/> Zyl <input type="checkbox"/> Groove <input type="checkbox"/> Drill <input type="checkbox"/> Other _____		<input type="checkbox"/> INNOV <input type="checkbox"/> KIDS <input type="checkbox"/> AGIO <input type="checkbox"/> NAMED _____ <input type="checkbox"/> APIC <input type="checkbox"/> SUN RX _____			PHOTOCHROMIC	
FRAMES					POLARIZED	
<input type="checkbox"/> FTC <input type="checkbox"/> Supply <input type="checkbox"/> Enclosed <input type="checkbox"/> Archive: Cir _____					<input type="checkbox"/> Gray	
MFG MODEL #					<input type="checkbox"/> Brown	
DRILL MOUNT SHAPE # COLOR					<input type="checkbox"/> _____	
A DBL B ED TEMPLE					<input type="checkbox"/> Hi-Luster	
					<input type="checkbox"/> Satin	
					<input type="checkbox"/> Roll & Polish	
					<input type="checkbox"/> _____	
					EDGE TREATMENTS	
					<input type="checkbox"/> ORIGINAL INVOICE	
					<input type="checkbox"/> INVOICE NUMBER	
OPTICIAN _____					DATE _____	
ACCOUNT NAME _____					ACCOUNT NUMBER _____	