

Patient Name (Please Print)				Date			
LENS STYLES				Special Instructions:  <input type="checkbox"/> Lab Redo  <input type="checkbox"/> Drs Change  <input type="checkbox"/> Warranty  <input type="checkbox"/> Non-Adapt			
<b>epik™ Series</b> <input type="checkbox"/> FFSV <input type="checkbox"/> Variable <input type="checkbox"/> Variable Device <input type="checkbox"/> Day <input type="checkbox"/> Active <input type="checkbox"/> Standard <input type="checkbox"/> Office32 <input type="checkbox"/> Office40 <input type="checkbox"/> Office54 <input type="checkbox"/> Office80 <input type="checkbox"/> Office156 <input type="checkbox"/> DRV .50 <input type="checkbox"/> DRV .75  <input type="checkbox"/> SV <input type="checkbox"/> D28 <input type="checkbox"/> D35 <input type="checkbox"/> 7x28						COATINGS	
Other Lens Style						MATERIALS	
<input type="checkbox"/> CR-39 <input type="checkbox"/> 1.60 <input type="checkbox"/> Polycarbonate <input type="checkbox"/> 1.67 <input type="checkbox"/> Trivex <input type="checkbox"/> 1.74				<input type="checkbox"/> Infinity® <input type="checkbox"/> Infinity® Clear <input type="checkbox"/> PrevaBlue® <input type="checkbox"/> UV3G™ <input type="checkbox"/> Flash Mirror color _____			
SPHERE	CYLINDER	AXIS	PRISM	UNCUT	PROG DESIGN		
R				<input type="checkbox"/>			
L							
ADD	SEG HEIGHT	DPD	NPD	O.C.	WARRANTY		
R					<input type="checkbox"/> 2 Years Lens <input type="checkbox"/> 2 Years Frame & Lens		
L							
A	DBL	B	E.D.	TEMPLE	POSITION OF WEAR		
					Vertex _____ Panto _____ Wrap _____		
LENS MOUNTING		PROPER OPTICS PACKAGE			PHOTOCHROMATIC	POLARAIZED	
<input type="checkbox"/> Metal <input type="checkbox"/> Zyl <input type="checkbox"/> Groove <input type="checkbox"/> Drill <input type="checkbox"/> Other _____ (You may select more than one)		<input type="checkbox"/> INNOV <input type="checkbox"/> KIDS <input type="checkbox"/> AGIO <input type="checkbox"/> SUN Rx <input type="checkbox"/> APIC			<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> _____	<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> _____	
FRAMES					EDGE TREATMENTS		
<input type="checkbox"/> FTC <input type="checkbox"/> Supply <input type="checkbox"/> Enclosed <input type="checkbox"/> Archive: Cir _____		<input type="checkbox"/> Hi-Luster <input type="checkbox"/> Satin <input type="checkbox"/> Roll & Polish <input type="checkbox"/> _____			Optician: _____  Original Invoice: _____		
MFG	MODEL #						
	DRILL MOUNT SHAPE #		COLOR				
Account Name: _____  Account Number: _____				Invoice Number: _____			
Please provide accurate A, B & ED measurements.							