

# ORDER FORM

56 Bramsteele Rd. #2  
Brampton, ON L6W 3M7

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ACCOUNT: \_\_\_\_\_

Patient Name	Job no.	Date
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	SPHERE	CYLINDER	AXIS	PRISM	BASE	OC HEIGHT
R						
L						

	ADD	SEG HEIGHT	DIST. PD	NEAR PD	CT	ET
R						
L						

A	B	DBL	ED	TEMPLE

MATERIAL	
<input type="checkbox"/> PLASTIC	<input type="checkbox"/> TRIVEX
<input type="checkbox"/> GLASS	<input type="checkbox"/> POLY

P.D. INSTRUCTIONS
<input type="checkbox"/> DECENTRE ALL POSSIBLE
<input type="checkbox"/> GRIND PRISM TO SET P.D. CORRECT

TYPE	
<input type="checkbox"/> SV	<input type="checkbox"/> RD-22
<input type="checkbox"/> SV Aspherical	<input type="checkbox"/> RD-25
<input type="checkbox"/> FT-25	<input type="checkbox"/> TRIFOCAL
<input type="checkbox"/> FT-28	<input type="checkbox"/> EXECUTIVE
<input type="checkbox"/> FT-35	<input type="checkbox"/> PROGRESSIVE

MODEL	PLASTIC <input type="checkbox"/> METAL <input type="checkbox"/>
COLOR	SHAPE

INDEX		
<input type="checkbox"/> 1.54	<input type="checkbox"/> 1.60	<input type="checkbox"/> 1.74
<input type="checkbox"/> 1.56	<input type="checkbox"/> 1.67	<input type="checkbox"/> 1.80

TINTING	COATINGS
<input type="checkbox"/> MATCH	<input type="checkbox"/> A/R <input type="checkbox"/> HARD
<input type="checkbox"/> _____	<input type="checkbox"/> _____

TYPE	
<input type="checkbox"/> TRANSITIONS	<input type="checkbox"/> GREY
<input type="checkbox"/> SUNSENSOR	<input type="checkbox"/> BROWN
<input type="checkbox"/> PHOTOEXTRA	

FRAME: TO COME <input type="checkbox"/>	FROM US <input type="checkbox"/>	DROP SHIPPED <input type="checkbox"/>
LENS: STOCK <input type="checkbox"/>	UNCUT <input type="checkbox"/>	EDGED <input type="checkbox"/>

SPECIAL INSTRUCTIONS

TYPE	
AO _____	RODENSTOCK _____
ESSILOR _____	HOYA _____
SOLA _____	NIKON _____
KODAK _____	OTHERS _____

