

☐ Ontario
☐ West
☐ Quebec
☐ Other:
☐ Atlantic

DATE

PATIENT/TRAY

Eyecare Professional

Person placing order:

	Sphere	Cylinder	Axis	Prism	Base	
R						
L						
	Addition	Height	PD Distance	PD Near	<input type="checkbox"/> Edge and Mount <input type="checkbox"/> Stock lenses <input type="checkbox"/> Uncut	
R						
L						

Material			Polarized		Transitions		Tint		Coating	
CR39	<input type="checkbox"/>	1.60 <input type="checkbox"/>	Grey	<input type="checkbox"/>	Grey	<input type="checkbox"/>	Solid	<input type="checkbox"/>	HC (Mandatory)	<input type="checkbox"/>
Trivex 1.53	<input type="checkbox"/>	1.67 <input type="checkbox"/>	Brown	<input type="checkbox"/>	Brown	<input type="checkbox"/>	Gradient	____%	HMC	<input type="checkbox"/>
Poly 1.59	<input type="checkbox"/>	1.74 <input type="checkbox"/>	Drivewear	<input type="checkbox"/>			Grey	<input type="checkbox"/>	HMC+ETC	<input type="checkbox"/>
							Brown	<input type="checkbox"/>		

Progressives Lenses			HD Progressive Lenses			
Selection RX	<input type="checkbox"/>		SolaEasy HD	<input type="checkbox"/>	Innovative FF HD (Active Design)	<input type="checkbox"/>
Vision Eco	<input type="checkbox"/>		Compact Ultra HD	<input type="checkbox"/>	Innovative FF by Seiko	<input type="checkbox"/>
Ao Compact	<input type="checkbox"/>	HD <input type="checkbox"/>	SolaOne HD	<input type="checkbox"/>	Innovative II DS/ HD	<input type="checkbox"/>
Vision Classique	<input type="checkbox"/>	HD <input type="checkbox"/>	President's Lens	<input type="checkbox"/>	Innovative DS / HD	<input type="checkbox"/>
Ovation	<input type="checkbox"/>		Clear i	<input type="checkbox"/>	Promotional Code:	_____
CMF2	<input type="checkbox"/>	HD <input type="checkbox"/>				
ELPS	<input type="checkbox"/>	HD <input type="checkbox"/>	Other:	_____		

☐ Enclosed
☐ To Follow
☐ Loctite

Supplier - Model

Color

Eye Size

Bridge Size

Temple

Trace shape of the frame: (area provided below)

☐ Metal
☐ Drill & Notch
☐ Plastic
☐ Groove
☐ Edge Polish

Eye Size (A)

Height (B)

Diag (ED)

Bridge (DBL)

Extra Warranty:

☐ None
☐ 1 year (extra \$6)
☐ 2 years (extra \$10)

Special Note:

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