**CYL Entered AXIS missing:**

Please enter axis value for OD (Or Vice versa)

**Axis Entered CYL Missing:**

Please enter CYL value for OD (Or Vice versa)

**SPH + and CYL Negative**

SPH value you have entered is +ve and CYL is –ve for OD (Or Vice versa)

**SPH – and CYL +**

SPH value that you have entered –ve and CYL is +ve for OD (Or Vice versa)

Check box: This prescription is correct.

**OD SPH –ve and OS SPH +ve**

SPH value that you have entered for OD is –ve and OS SPH is +ve. Please confirm.(Or Vice versa)

Check box: This prescription is correct.

**OD CYL–ve and OS CYL +ve**

CYL value that you have entered for OD is -ve and OS SPH is is +ve. Please confirm.(Or Vice versa)

Check box: This prescription is correct.

**ADD Missing (If multi focal lenses selected)**

Please enter the ADD value for OD or OS or Both as the lens that you have selected is (bifocal if bifocal selected or progressive if progressive selected). Or please change the lens type to single vision.

Other Options Email Prescription or Upload Prescription (Link)

**ADD missing for one Eye.**

Please enter add value for OD or OS.

Check box This prescription is correct.

**Patient Name missing:**

Please enter patient name.

**PD Missing:**

Please select value for PD.

Don’t know my PD Click here to learn more (Link)

**If one of 2 pd missing:**

Please select PD value for OD or OS.

**If Prism Selected:**

Please email or upload a copy of prescription so that we can process the lenses accurately.

There will be additional charges applicable.

Check box: I agree.