

CUSTOMER NUMBER/NAME:	TRAY:
PATIENT NAME:	DATE:

DISTANCE

	SPHERE	CYLINDER	AXIS	PRISM	FRONT CURVE
R					
L					

	ADD	WIDTH	HEIGHT	
R				DISTANCE P.D. _____
L				NEAR P.D. _____

FRAME MEASUREMENTS

EYE SIZE:	DEPTH:	E.D.:	D.BL:
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FRAME TYPE

METAL
 ZYL
 NYLON
 DRILL

LENS TYPE: _____

INDEX:

1.74
 1.67
 1.6
 1.56

POLY
 TRIVEX
 CR39
 GLASS

PANTO _____
 WRAP _____
 VERTEX _____

POLARIZED
 TRANSITIONS
 XTRACTIVE
 VANTAGE

GRAY
 BROWN
 GREEN

EDGED
 INDUSTRIAL
 EDGE POLISH

TINT

SPECIAL INSTRUCTIONS

SUPPLY
 ENCLOSED
 TO FOLLOW
 UNCUT

- BLUE VIOLET FILTER
- INMOTION AR
- CRYSTAL CLEAR AR
- SOLITAIRE TOPCOAT
- JUNSUI ELITE
- JUNSUI PURE SUPER OLEOPHOBIC AR
- JUNSUI OLEOPHOBIC AR
- PLASTIC PLUS ELITE
- PLASTIC PLUS ELITE BVF
- PLASTIC PLUS SUPER OLEOPHOBIC AR
- PLASTIC PLUS OLEOPHOBIC AR
- PLASTIC PLUS HARD
- MIRROR COLOUR _____
- UV420



10 LESWYN ROAD
TORONTO, ONTARIO
M6A 1K2

PHONE NUMBERS

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