



Telephone: 704.789.8924 FAX: 1.866.259.3937
 1.800.438.9550 704.788.8679

Date: _____ Date Wanted: _____

Patient Name: _____						Dress Safety	
Edged	Trivex	Polcarb	1.56	1.67	1.74	1.70	Base Curve
Uncut	Plastic	Evoclear	1.56	1.60	Glass	Special Index _____	
Kodak Precise GP Wide VIP Ovation Single Vision Round-24 Kodak Concise Image XL Natural D-28 D-7X28 Navigator Outlook Compact Definity D-35 D-7X35 Navigator Short Proceed Comfort Definity Short D-45 D-8X35 Illumina Proceed II Ellipse Round-22 Aspheric Life XS Proceed III Physio <input type="text" value="Other"/>						SunSensor InstaShade Tran-Gry Tran-Brn Polar-Gry Polar-Brn Photo-Gry Photo-Brn Other _____	
Summit CD SolaOne Physio 360						Tints & Coatings	
						<input type="text" value="Match"/>	
						Color <input type="text" value="Solid"/> %	
						<input type="text" value="Gradient"/>	
						Top Color %	
						Lower Color %	
						UV	
						Scratch Coat Back	
Supply	Manufact.					Edge For:	
Enclosed	Model/Shape					Zyl	Drill
Lenses Only	Color					Metal	Groove
Frame to Come	Temple					1/2 Eye Zyl	1/2 Eye Metal
Eyesez	DBL	Vert Box	Eff. Diam	ED Angle	C Size		
Special Instructions:						Thin as Possible Polycarb 1.0 Thick Opposite Signs O.K. Account Breakage Lab Error Non-Adapt Scratch Warranty A.R. Warranty Dr. or Prof. Error	
Original Invoice # _____							
Account Name: _____						<input type="text" value="Other"/>	
Thank You! <i>We sincerely appreciate your business!</i>							