


Date Written		Tray #			
Organization: Doctor: Address: Telephone & Ext. Patient:			Frame Specifications: Manufacturer: _____ Style: _____ Color: _____ A/DBL ____ / ____ B/ED ____ / ____ Full metal w/nose pads is recommended Supply () CR-39 () Enclosed () Mid-Index () To Come () Hi-Index ()		
PD Distance / Near /		Sphere	Cyl	Axis	Prism/Base
	OD				
	OS				
TINT: Prisms will not tint		Add	Bifocal Height	Spectacle Lens Style	
	OD			SV Vertical Frame dimension: Must be 36MM or greater	Bifocal Style Vertical Frame dimension: Must be 43MM or greater
	OS				Progressive
Peli Lens™ Specifications Always BASE OUT unless noted in special instructions	(please see illustration below)		Lens with Peli Δ (check one)	Check one	
	Lower Height (X) _____		() OD	() 40Δ Horizontal	
	Separation (Z) _____		() OS	() 57Δ Horizontal	
Upper Height (Y) _____			() 57Δ Oblique Vertex _____ (vertex required)		
Special Instructions:  Final Fitting Positions: $Y - X = Z$ or $X + Z = Y$ X = Lower Height Y = Upper Height Z = Separation			Lenses		
			Tint		
			PHI		
			Total		
Date Received		Invoice Number		Bill/Ship Date	