

# Rx ONLY

## Standard Rx and Specialty Tint Order Form

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Date Written		Tray #		<b>MAIL TO PATIENT:</b> Yes [ ] No [ ]			
<b>DOCTOR:</b>				3.0MM [ ] Other [ ]			
				<b>LENS MATERIAL:</b> Plastic (CR39) [ ] 1.60 Index [ ] Polycarbonate [ ] (Tints to 50% Trans. Only on Poly – No Dark Tints) Other:			
<b>PATIENT:</b>							
<b>PD</b>	<b>OS</b>	Dist.	<b>R</b>	<b>SPHERE</b>	<b>CYL</b>	<b>AXIS</b>	<b>PRISM / BASE</b>
			<b>L</b>				
		Near					
<b>TINT:</b> [ ] Clear [ ] VT Variable Tint (Photochromic) [ ] FV Filter Vision (Non-changeable)			<b>ADD POWER</b>	<b>HEIGHT</b>	<b>LENS STYLE</b>		
			<b>R</b>		SV	Bifocal Style	Trifocal Style
			<b>L</b>				Prog.
<b>TINT SIMULATION:</b> (Circle One) 450 450x 480 500 511 511x 527 527x 540 550 550xd Olive(450xg) Plum Mel. Nighthawk Mel. Sunlens Glarecutter NoIR # _____ Other:							
<b>FRAME:</b> Supply [ ] Enclosed [ ] To Come [ ] Uncut Lenses [ ]			<b>MANUFACTURER / STYLE:</b> Color: _____ Rimless? Yes [ ] No [ ] A _____ DBL _____ B / ED _____ / _____				
<b>SPECIAL INSTRUCTIONS:</b>						<b>LENSES</b>	
						<b>TINT</b>	
						<b>FRAME</b>	
						<b>PHI</b>	
						<b>TOTAL</b>	
Date Received		Invoice Number			Bill / Ship Date		