

Chadwick Optical Inc.
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Rx ONLY

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Date Written		Tray #			Mail to Patient: Information		
Organization: Doctor: Address: Telephone & Ext. Patient:					Patient Name: Patient Address:		
PD Distance		Sphere	Cyl	Axis	Decent In Out	Prism	Base
	OD						
	OS						
Near		Add Power	Height	Inset	Total Inset	Color—Coating	
	OD						
	OS						
Plastic	Polycarbonate	High Index			Frame—Temple—Color		
Single Vision	Single Vision	Single Vision			Size:		
Bifocal Style	Bifocal Style	Bifocal Style			Style:		
Trifocal Style	Bifocal Style	Bifocal Style			Edge Only () Supply ()		
Progressive Style	Progressive Style	Progressive Style			Uncut () Enclosed ()		
					Rimless () Replace enclosed ()		
Special Instructions:					Frame to Come ()		
					Lenses		
					Tint		
					Frame		
					PHI		
Total							
Date Received	Invoice Number			Bill/Ship Date			