


Rx ONLY
Peli Lens™ Order Form

Date: Organization: Doctor: Street Address: City, ST Zip: Patient:	Frame Specifications: Manufacturer: _____ NO RIMLESS Style: _____ Color: _____ A/DBL _____ / _____ B/ED _____ / _____ <small>Full metal w/nose pads is recommended</small> Supply () CR-39 (3MM thick) () Enclosed () Mid-Index () To Come () Hi-Index ()
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PD Distance <input style="width:80%; height:20px;" type="text"/> / <input style="width:80%; height:20px;" type="text"/> Near <input style="width:80%; height:20px;" type="text"/> / <input style="width:80%; height:20px;" type="text"/>		Sphere	Cyl	Axis	Prism/Base
	OD				
	OS				

Tint		Add	Bifocal Height <small>(measure under lower prism)</small>	Spectacle Lens Style		
Prisms will not tint	OD			SV	Bifocal Style	Progressive
	OS			<small>Vertical Frame dimension: Must be 36MM or greater</small>	<small>Vertical Frame dimension: Must be 43MM or greater</small>	<small>Available with Upper Prism Only</small>

Peli Lens™ Specifications Always BASE OUT unless noted in special instructions	(Please see illustration below) Lower Height (X) _____ Separation (Z) _____ Upper Height (Y) _____	Lens with Peli Δ (check one) () OD () OS	Check One () 40Δ Horizontal () 57Δ Horizontal () 57Δ Oblique Vertex
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Special Instructions:  <p>Final Fitting Positions: $Y - X = Z$ or $X + Z = Y$ X = Lower Height Y = Upper Height Z = Separation</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Lenses</td><td></td><td></td></tr> <tr><td>Tint</td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td>PHI</td><td></td><td></td></tr> <tr><td>Total</td><td></td><td></td></tr> </table>	Lenses			Tint												PHI			Total		
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