

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
 Account: \_\_\_\_\_ Patient Address: \_\_\_\_\_  
 Doctor: \_\_\_\_\_  
 Address: \_\_\_\_\_  Mail to Patient



Let's Exceed  
the Standard  
of Care.™

	Sphere	Cyl	Axis	Add	Height
OD					
OS					

	PD Dist	PD Near	Prism	Base	Magna-5
OD					<input type="checkbox"/> 5%
OS					<input type="checkbox"/> 5% 4Δ↑ <input type="checkbox"/> 5% 4Δ↓

High Minus Options *Circle the desired shape*



High Plus Options *Circle the desired shape*



Lens Styles:

- Single Vision :  Traditional  Endless (Freeform SV)  
 Bifocal:  28  35  45  Executive  Round: \_\_\_\_\_  
 Trifocal:  7x28  7x35  8x35  
Progressive Standard Designs: Other PAL:  
 OT Balance Comfort  Digital Smart Boost  
 OT Far Comfort  Brand Name Equivalent  
 OT Near Comfort Office Reader:  1.3m  2m  4m

Frame:

- Style: \_\_\_\_\_ Size: \_\_\_\_\_  
 Edge Only  Frame to Come  Uncut  
 Enclosed  Semi Rimless  Wrap Frame  
 Color: \_\_\_\_\_  Drill Mount  Lab Supply

Lens Material:

- Plastic (CR39)  Trivex  Polycarbonate  1.60 Hi Index  1.67 Hi Index  1.74 Hi Index

Lens Options:

- Clear  Photochromic  Polarized  Polarized Photochromic  Blue Blocker  Other \_\_\_\_\_

Tint Match:

- Esch. Solar Shield™  Esch. Wellness Protect™  Cocoons™  Corning CPF™  Noir Medical™  Other

Additional Info: \_\_\_\_\_

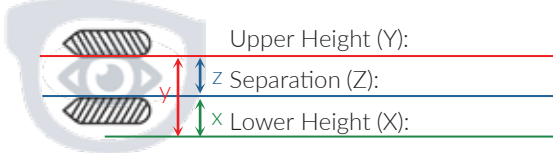
Finishing Options:

- AR Coat:  Blue Blocking  Premium  
Mirror Coat:  Traditional  Flash  
 Color: \_\_\_\_\_  
Other  
 Roll  Freeform Thinning (Lenticularization)  
 Polish  Roll & Polish  Slab Off

Job Notes:

Peli Lens:

- Attachment Method:  SLAM  Peli Embedded  Chemistrie Clip  
# of Magnets (SLAM):  2 magnets  3 magnets  
Matching Magnets (SLAM)?  Yes  No



- Choose One:  OD  OS  
 Choose One:  Horizontal  Oblique

Clip-Ons:

	Chemistrie	E-Clip	Flip-Clip	Color/Add
Clip 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clip 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clip 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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