

Date: _____ Patient Name: _____
 Account: _____ Patient Address: _____
 Doctor: _____
 Address: _____ Mail to Patient



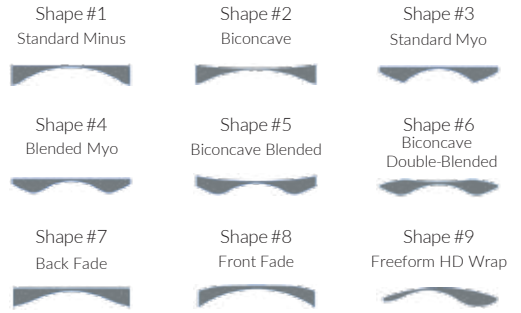
Let's Exceed
the Standard
of Care.™

	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↓

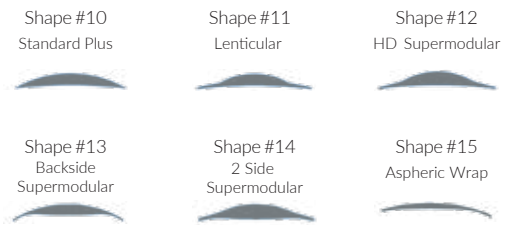
High Minus Options

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 Avulux Blue Blocker Other _____

Tint Match:

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

Additional Info: _____

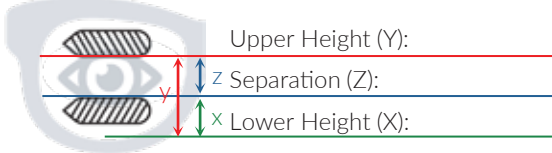
Finishing Options:

- 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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