



OPTICAL LABORATORY

7875 NW 54th Street
Doral, Florida 33166
PHONE (305)591-2644
(305)591-4412
FAX: (305)592-7337

Name _____	
Tel. _____	Acct. No. _____
Address _____	
City _____	Zip _____
Tray No. _____	Date _____
Patient _____	
Payment _____	Invoice No _____

	SPHERE	CYLINDER	AXIS	DECENT	PRISM	BASE	LENS COLORS	
D I S T	R			IN	OUT		SOLID	
							GRADIENT	
							MATCH	
T	L						SPECIFY COLOR:	
A D D	R	SEG HGT	SEG WIDTH	INSET	TOTAL INSET		SRC <input type="checkbox"/>	
	L						UV400 <input type="checkbox"/>	
F R A M E	NAME		COLOR	ENCLOSED	SUPPLY		MIRROR <input type="checkbox"/>	
	FRAME MEASUREMENT		PD	R	L	AR Coating		
	A	BRIDGE	B	ED	DIST	CHARISMA		
					NEAR	CHARISMA +		
	FRAME STYLE: M <input type="checkbox"/> Z <input type="checkbox"/> DRILL <input type="checkbox"/> GROOVE <input type="checkbox"/> THICK GROOVE <input type="checkbox"/> OTHER <input type="checkbox"/>							
L E N S	CR-39	HI-INDEX	TRIVEX	POLYC	POLAR	POLAR GRD	DRIVEWEAR	TRANSITIONS
	SV	FT	RD SEG	BLENDED	TRIFOCAL	EXECUTIVE	VANTAGE	XTRACTIVE
	SV LENT	RD LENT	PROG	SPECIFY:			PHOTO FUSION	
M I S C	<input type="checkbox"/> FINISHED	<input type="checkbox"/> REMAKE		ORIGINAL INVOICE # _____			GALILEO PHOTO	
	<input type="checkbox"/> POLISH EDGES						LIFE RX	
	<input type="checkbox"/> RETURN OLD LENSES	<input type="checkbox"/> OTHER					G <input type="checkbox"/> B <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:								



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