

Date: \_\_\_\_\_

Hospital: \_\_\_\_\_ Name\*: \_\_\_\_\_

Age\*: \_\_\_\_\_ Gender: \_\_\_\_\_

1. Magnification : 2.5x / 3.0x / 3.5x \* \_\_\_\_\_

2. Prescription lens:

	SPH	CYL	AXIS	ADD
R				
L				

3. Working Distance (cm)\* : \_\_\_\_\_

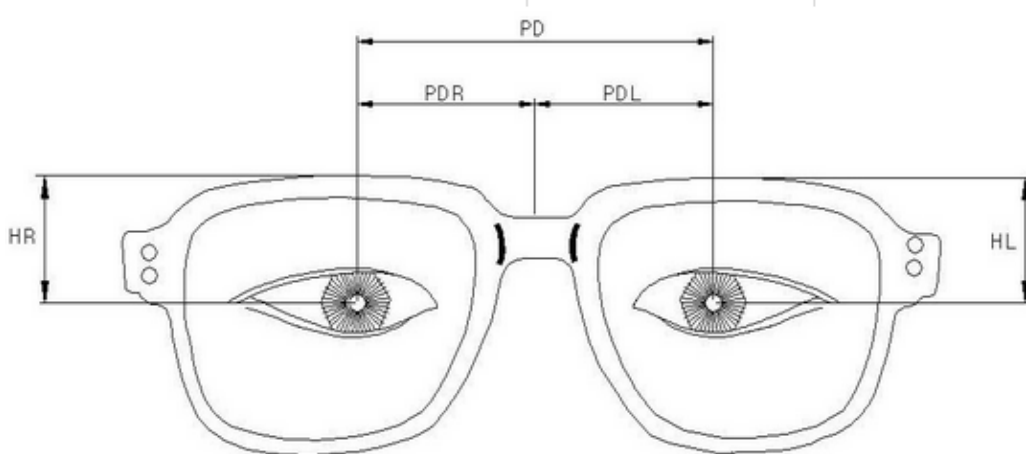
4. Pupil distance\* :

	Right (PDR)	Left (PDL)	Total (PD)
(cm)			

5. Frame color (select one):  Black  Wine  Green  Blue

6. Nose Height (select one)\*:  Big  Middle  Small

7. Style of Barrel (refer to pictures on website):  T1  T2  T3  T4



8. Prescription of upper glasses\*: \_\_\_\_\_

9. Angle of loupe (select one)\* :  23(H)  25(L)

10. Reference\*: \_\_\_\_\_

**(\*) are Required Fields.**

\*This is a customizable, non-refundable product and so order form will only processed based on information provided by you.