



Caliber Optical- Michigan
Ph: 888-300-8852
Fax: 641-278-1246

Date _____

Patient/Tray _____

Account # _____

Contact _____

	SPHERE	CYLINDER	AXIS	PRISM	BASE	SEG	PD	
R							Distance	MONO R
L							Near	MONO L
	ADD	LENS STYLE			CIRCLE MATERIAL			
R					CR39 POLY			
L					TRIVEX MID-INDEX			
					HI-INDEX			
					<input type="checkbox"/> 1.60	<input type="checkbox"/> 1.66/1.67	<input type="checkbox"/> 1.74	
TINT <input type="checkbox"/> Gradient <input type="checkbox"/> Solid _____ Color%		PHOTOCHROMICS <input type="checkbox"/> TRANSITIONS <input type="checkbox"/> SUNSENSOR <input type="checkbox"/> _____			COLOR <input type="checkbox"/> GRAY <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> EXTRA ACTIVE <input type="checkbox"/> SAFETY THICK		POLARIZED <input type="checkbox"/> GRAY <input type="checkbox"/> BROWN <input type="checkbox"/> G15	
<input type="checkbox"/> SHARPVIEW BASIC AR <input type="checkbox"/> CRIZAL EASY <input type="checkbox"/> CRIZAL ALIZE <input type="checkbox"/> CRIZAL AVANCE <input type="checkbox"/> PREVENCIA		<input type="checkbox"/> OTHER: _____						

SPECIAL INSTRUCTIONS:

FRAME NAME		EYE SIZE	BRIDGE
MFG		B	ED
FRAME COLOR		TEMPLE LENGTH	C-SIZE
UNCUT	DRILLED RIMLESS		FRAME
EDGED	METAL	GROOVED RIMLESS	<input type="checkbox"/> SUPPLY <input type="checkbox"/> TO COME <input type="checkbox"/> ENCLOSED
LENSES ONLY	ZYL		