



I 'N' VISION OPTICAL

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INV. TRAY #	DATE ORDERED
ACCOUNT NAME	DATE WANTED

PATIENT NAME

	SPHERE	CYLINDER	AXIS	PRISM	FAR PD	NEAR PD
RIGHT						
LEFT						
ADD	HEIGHT	MULTIFOCAL TYPE				
		UNCUTS				
		EDGED				

SPECIAL INSTRUCTIONS	TRACE
NASAL	

REDO	REASON:	ORIG. INV
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LENS TYPE	MATERIAL: _____
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SELECT HD	FREEFORM DF	OTHER (SPECIFY) _____
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COATING DETAILS

INTEC AR	INTEC SS	BLUE TEC	INTUFF	TINT	COLOUR
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OTHER: _____	SOLID	GRADIENT	UV 400
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FRAME DETAILS

			POLARIZED			
EYE (A)	DEPTH (B)	ED	DBL	TEMPLE	GREY	BROWN

MODEL	COLOUR	SUPPLIER	METAL	PLASTIC	NYLON	DRILL
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