

# ORDER FORM

Please fax completed form to: 631.585.5704

Account Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Account #: \_\_\_\_\_ Patient: \_\_\_\_\_

### PRISM POWER OU: *(please check one)*

- No Prism
- 4 Base Up
- 6 Base Up
- 8 Base Up
- 4 Base Down
- 6 Base Down
- 8 Base Down

### PRESCRIPTION

Right Eye: \_\_\_\_\_ Add: \_\_\_\_\_

Left Eye: \_\_\_\_\_ Add: \_\_\_\_\_

Segment Height: \_\_\_\_\_ Distance PD: \_\_\_\_\_ Near PD: \_\_\_\_\_

Bifocal Type:  FT 28  Definity Progressive

NOTES: \_\_\_\_\_

### TINT:

Custom E-Scoop® Custom Yellow  DVI Custom Orange NOTES: \_\_\_\_\_

**CENTER THICKNESS** *(check one)*  6 mm  9 mm

**LENS MATERIAL** *(check one)*  CR39 (included in base price)  High Index 1.6  High Index 1.67

**TRANSITION COLOR** *(OPTIONAL, if desired check one)*  Gray  Brown

**FRAME:** *(Check one frame in either One-Piece or Clip-On design. See System Pricing page for frame sizing)*

#### ONE-PIECE DESIGN

- Doctor's Own Frame
- Matt (men's frame)
- Amanda (women's frame)
- 077 Silver
- 077 Chocolate
- 109 Gold
- 109 Silver
- 109 Rose
- 109 Blue
- 109 Chocolate

#### CLIP-ON DESIGN

- Matt (men's frame)
- Amanda (women's frame)

**DOCTORS SIGNATURE:** \_\_\_\_\_

**Due to the nature of this made to order product, ALL SALES ARE FINAL. No refunds, exchanges or credits will be issued.**



Exclusive Distributor of E-Scoop® in the USA

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