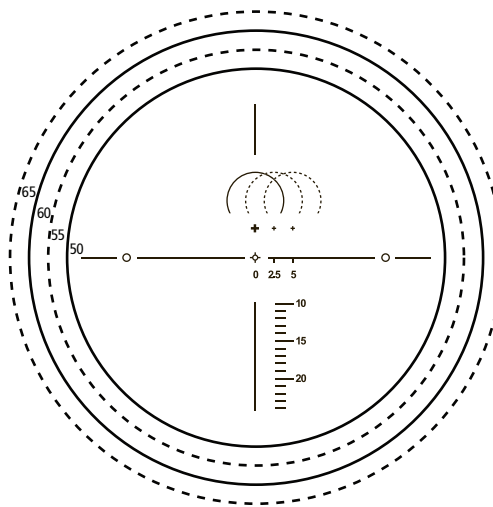


Order Date	Contact Name
Acct #	Customer Name
Tray #	Patient Name

			PRISM*		PD		Frame Type (required)	
	SPH	CYL	AXIS	IN/OUT	UP/DN	DIST		NEAR
R							Zyl _____ Metal _____ Grooved _____ Drill Mnt. _____	
L								
		ADD	SEG HT	BASE CR	OC HT	CTR THK - only	EDGE THK + only	Frame Information (all required)
R								A DBL
L								B ED

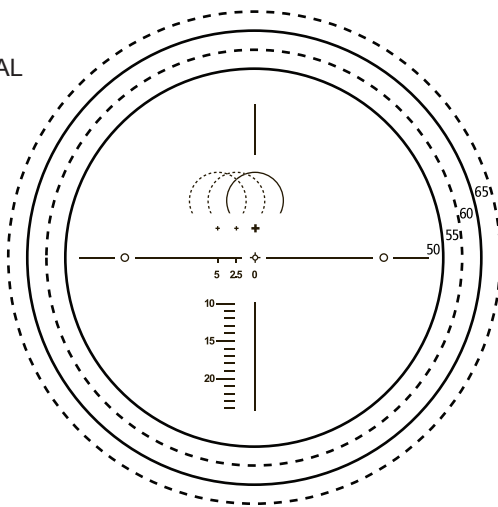
Shape Options
(required for OPTIMIZE IPL/Softwear Lenses)

1. Hand trace eyewire
2. Frame brand _____
Model eyesize _____
3. Specify frame type and dimensions above.



RIGHT

NASAL



LEFT

Digitally Surfaced	
<input type="checkbox"/>	Single Vision
<input type="checkbox"/>	FT 28
<input type="checkbox"/>	FT 35
<input type="checkbox"/>	FT 45
<input type="checkbox"/>	Round Top Seg
<input type="checkbox"/>	Invisible Seg
Digital Free-Form	
<input type="checkbox"/>	OPTIMIZE IPL™
<input type="checkbox"/>	OPTIMIZE™ Progressive
<input type="checkbox"/>	Intuition™ Progressive
<input type="checkbox"/>	Top Office™
<input type="checkbox"/>	Anti Fatigue™
<input type="checkbox"/>	FreeStyle™ SV

AR Lens Coatings	
<input type="checkbox"/>	None
<input type="checkbox"/>	Standard AR
<input type="checkbox"/>	Oleophobic AR
<input type="checkbox"/>	Super Power Shield

Material		
<input type="checkbox"/>	1.49	
<input type="checkbox"/>	1.56	
<input type="checkbox"/>	Trivex™ 1.53	
<input type="checkbox"/>	Primax Ultra Lite and Clear™ 1.60	
<input type="checkbox"/>	MR8 1.61	
<input type="checkbox"/>	MR10 1.67	
<input type="checkbox"/>	High Index 1.74	
<input type="checkbox"/>	Ultra High Index 1.76	
Photochromic		(circle) Color
<input type="checkbox"/>	1.56 Optimatic	G B
<input type="checkbox"/>	1.50 Transitions™	G B
<input type="checkbox"/>	1.60 Transitions™	G B
<input type="checkbox"/>	1.67 Transitions™	G B
<input type="checkbox"/>	1.74 Transitions™	G B
<input type="checkbox"/>	1.50 XtraActive™	G B
<input type="checkbox"/>	1.53 XtraActive™	G B
<input type="checkbox"/>	1.60 XtraActive™	G B
<input type="checkbox"/>	1.67 XtraActive™	G B
<input type="checkbox"/>	1.50 Drivewear™	
Polarized		(circle) Color
<input type="checkbox"/>	1.50 NuPolar™	G B
<input type="checkbox"/>	1.60 NuPolar™	G B
<input type="checkbox"/>	1.67 NuPolar™	G B
<input type="checkbox"/>	Trivex™ NXT	

OPTIMIZE IPL/Softwear Dispensing Requirements

Make sure to include the following information in your OPTIMIZE IPL Progressive lab order. These pieces of information are critical to the correct customization and optimization of the design to the frame size and shape.

- a. Monocular PD measurements
- b. Monocular fitting height measurements
- c. Manually traced eyewire drawing
- d. Frame A, B, DBL dimensions
- e. Frame brand, model and eyesize

NOTE: OPTIMIZE IPL Progressives cannot be supplied unless items "a" through "e" above are provided.