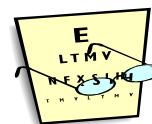




Patient Order Form



Fax Prior to 2:00P.M. PST. For Next Day Delivery

Customer Service: (866)585-7666

Fax: (877)282-7666

Account #: _____

Ordered by: _____

Account Name: _____

PO# _____

Patient Name/Tray# _____

	Sphere	Cylinder	Material		Coating	Design
OD:			<input type="checkbox"/> CR-39	<input type="checkbox"/> Polycarbonate	<input type="checkbox"/> Non-Coated (CR-39)	<input type="checkbox"/> Aspheric <input type="checkbox"/> Spherical
			<input type="checkbox"/> Trivex	<input type="checkbox"/> Poly-EZ TINT	<input type="checkbox"/> Hard Coat	
			<input type="checkbox"/> 1.60	<input type="checkbox"/> Poly-EZ EDGE	<input type="checkbox"/> AR	
OS:			<input type="checkbox"/> 1.67	<input type="checkbox"/> Poly Sunsmart-Gy AR	<input type="checkbox"/> UltraClear AR	
			<input type="checkbox"/> 1.74		<input type="checkbox"/> Blue Block AR (Poly & 1.60)	

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