Rx ONLY

Field Expansion – CR39 Only

Order Form

CHADWICK OPTICAL, INC.
P.O. BOX 485
1763 OLD RIVER ROAD
WHITE RIVER JUNCTION, VT 05001

PHONE 800-410-1618
FAX 800-468-9301
chadwickoptical@aol.com
www.chadwickoptical.com

Date Written	Tray #	**MAIL TO PATIENT:** Yes[ ] No[ ]

ORGANIZATION/DOCTOR:

PATIENT:

FRAME: Supply [ ]
No Rimless Enclosed [ ]
To Come [ ]

Manufacturer:

Style: Color:

A/DBL_____/_____ B/ED_____/_____

PD OD	OS			**SPHERE**	**CYL**	**AXIS**	**PRISM / BASE**
		Dist.	**R**				
		Near	**L**				

TINT:		**ADD POWER**	**HEIGHT**	**LENS STYLE**			
	R			SV	Bifocal Style	Trifocal Style	Prog.
	L						

SECTOR PRISM APEX (Measure From Center Of Bridge As You Would A PD): _____

EP HORIZONTAL HEIGHT (Measure From Bottom Of Frame As You Would A Seg. Height):
3.0 MM Required
OD [ ] OS [ ] Upper Only [ ] Lower Only [ ] Both [ ]

Upper Height: Lower Height:

SPECIAL INSTRUCTIONS:

LENSES		
TINT		
PHI		
TOTAL		

Date Received	Invoice Number	Bill / Ship Date

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PD OD | OS | | | **SPHERE** | **CYL** | **AXIS** | **PRISM / BASE**
| | | Dist. | **R** | | | | |
| | | Near | **L** | | | | |

TINT: | | **ADD POWER** | **HEIGHT** | **LENS STYLE** | | | |
| | **R** | | | SV | Bifocal Style | Trifocal Style | Prog. |
| | **L** | | | | | | |

SECTOR PRISM APEX (Measure From Center Of Bridge As You Would A PD): _____

EP HORIZONTAL HEIGHT (Measure From Bottom Of Frame As You Would A Seg. Height):
3.0 MM Required
OD [ ] OS [ ] Upper Only [ ] Lower Only [ ] Both [ ]

Upper Height: Lower Height:

SPECIAL INSTRUCTIONS:

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