



800-833-GSRX (4779) • 480-748-4545
 (f) 480-748-4546
 7440 E Karen Drive Suite #500 • Scottsdale AZ85260

Patient Name (Please Print)				Date		Special Instructions:	
LENS STYLES						<input type="checkbox"/> Lab Redo <input type="checkbox"/> Drs Change <input type="checkbox"/> Warranty <input type="checkbox"/> Non-Adapt	
EPIK™ SERIES <input type="checkbox"/> FFSV <input type="checkbox"/> Variable <input type="checkbox"/> Variable Device <input type="checkbox"/> Day <input type="checkbox"/> Active <input type="checkbox"/> Standard <input type="checkbox"/> Office32 <input type="checkbox"/> Office40 <input type="checkbox"/> Office54 <input type="checkbox"/> Office80 <input type="checkbox"/> Office156 <input type="checkbox"/> DRV .50 <input type="checkbox"/> DRV .75 <input type="checkbox"/> SV <input type="checkbox"/> D28 <input type="checkbox"/> D35 <input type="checkbox"/> 7x28				MATERIALS		COATINGS	
Other Lens Style _____				<input type="checkbox"/> CR-39 <input type="checkbox"/> 1.60 <input type="checkbox"/> PolyVew - Poly <input type="checkbox"/> 1.67 <input type="checkbox"/> Trivex <input type="checkbox"/> 1.74		<input type="checkbox"/> INFINITY <input type="checkbox"/> INFINITY CLEAR <input type="checkbox"/> PrevaBlue <input type="checkbox"/> UV3G <input type="checkbox"/> Flash Mirror color _____	
SPHERE	CYLINDER	AXIS	PRISM	UNCUT	PROG DESIGN		
R				<input type="checkbox"/>			
L							
ADD	SEG HEIGHT	DPD	NPD	O.C.	WARRANTY		
R					<input type="checkbox"/> 2 Years Lens <input type="checkbox"/> 2 Years Frame & Lens		
L							
A	DBL	B	E.D.	TEMPLE	POSITION OF WEAR		
					Vertex _____		
					Panto _____		
					Wrap _____		
LENS MOUNTING		PROPER OPTICS PACKAGE			PHOTOCHROMATIC	POLARAIZED	
<input type="checkbox"/> Metal <input type="checkbox"/> Zyl <input type="checkbox"/> Groove <input type="checkbox"/> Drill <input type="checkbox"/> Other _____ (You may select more than one)		<input type="checkbox"/> INNOV <input type="checkbox"/> KIDS <input type="checkbox"/> AGIO <input type="checkbox"/> SUN Rx <input type="checkbox"/> APIC			<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> _____	<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> _____	
FRAMES				EDGE TREATMENTS			
<input type="checkbox"/> FTC <input type="checkbox"/> Supply <input type="checkbox"/> Enclosed <input type="checkbox"/> Archive: Cir _____				<input type="checkbox"/> Hi-Luster <input type="checkbox"/> Satin <input type="checkbox"/> Roll & Polish <input type="checkbox"/> _____			
MFG		MODEL #					
		DRILL MOUNT SHAPE #		COLOR			
Account Name: _____ Account Number: _____				Please provide accurate A, B & ED measurements. Optician: _____ Original Invoice: _____ Invoice Number: _____			