

Pacific Lens Group

7300 Sunset Blvd Unit B
 Los Angeles, CA 90046
 Tel: 1-888-294-2844
 Fax: 1-888-771-4101

Lab Order Form Account # _____

Customer Name _____

Rx FOR PATIENT _____ DATE _____

	SPHERE	CYLINDER	AXIS	PRISM	BASE	DEC	
R							
L							
	ADD	TOTAL SEG. HT.	SEG. WIDTH	SEG. INSET	TOTAL INSET AND DEC.	HT. OF DIST. O.C.	
R							
L							

FRAME STYLE			P.D. DISTANCE		READING	
A	EYE SIZE	B	DBL		ED	

PLASTIC	POLY	GLASS	UNCUT	FINISHED	SOLA MAX	TINTS
SINGLE VISION			DRILL	POLISH	KODAK <input type="checkbox"/> CON <input type="checkbox"/> PRE	PINK
FLAT-TOP 25-28-35			METAL	ZYL	AO COMPACT	GREEN
EXECUTIVE BIFOCAL			RIMLESS	ROLL	COMFORT	YELLOW
STRAIGHT 7X28 TOP TRIFOCAL			HARD COAT	U.V. COAT	ELLIPSE	BLUE
EXECUTIVE TRIFOCAL			FACET	EXTRATHIN	PANAMIC	GRAY
ROUND 22-24-25			INDUSTRIAL	OTHER	NATURAL	BROWN
SEAMLESS BLENDED			TRANSITION <input type="checkbox"/> GRAY POLARIZED SUNSENSOR <input type="checkbox"/> BROWN		OVATION	1 2 3
ACCESS					ADAPTAR	SOLID
IMAGE					SOLA ONE	GRADIENT
VIP					OTHER	_____ %
PERCEPTA						AR COAT

Special Instructions

OFFICE USE ONLY			
LENSES		DATE REC:	DATE SHIPPED:
TINT			
POWER			
PRISM			
UV			
HARD COAT			
AR			
MISC			
EDGING			
SUB-TOTAL			
DELIVERY			
TAX			
TOTAL			

I-COAT
VIVIX
STAINLESS
CRIZAL
ALIZE
ZEISS
MIRROR
FLASH
SOLID

Acct Name: _____
 TERMS: Net 30 E.O.M. And 30 days Agreed
 1.5% Monthly Interest Plus Reasonable Attorney and
 Collection Fees.