



DOVER EYE LAB

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812 7323521

271 West Clinton Street, Dover, NJ, 07801

Account: _____

Date: _____

Patient Name: _____

Edged Uncut

Style	Material	Color
<input type="checkbox"/> SV <input type="checkbox"/> Round Seg <input type="checkbox"/> SV+ <input type="checkbox"/> Digital SV <input type="checkbox"/> FT28 <input type="checkbox"/> FT35 <input type="checkbox"/> 7x28 <input type="checkbox"/> 8x35 <input type="checkbox"/> Other: _____	<input type="checkbox"/> CR39 <input type="checkbox"/> Trivex <input type="checkbox"/> Poly <input type="checkbox"/> Mid-Index (1.60) <input type="checkbox"/> High Index (1.67) <input type="checkbox"/> Ultra High Index (1.74)	<input type="checkbox"/> Clear <input type="checkbox"/> Polarized Grey <input type="checkbox"/> Blue-Block <input type="checkbox"/> Polarized Brown <input type="checkbox"/> Transitions Grey <input type="checkbox"/> Photochromatic Grey <input type="checkbox"/> Transitions Brown <input type="checkbox"/> Photochromatic Brown <input type="checkbox"/> Transitions Xtra - Polar <input type="checkbox"/> XtraActive Grey <input type="checkbox"/> Transitions Xtractive <input type="checkbox"/> XtraActive Brown <input type="checkbox"/> Other: _____

IOT LENSES			
<input type="checkbox"/> Everyday	<input type="checkbox"/> Endless Office	<input type="checkbox"/> Endless Drive	<input type="checkbox"/> Endless SV
<input type="checkbox"/> Ultimate	<input type="checkbox"/> 1,3M	<input type="checkbox"/> Endless Sport	<input type="checkbox"/> Endless Plus
<input type="checkbox"/> Essential Steady	<input type="checkbox"/> 2M		<input type="checkbox"/> 0.50
<input type="checkbox"/> Endless Steady	<input type="checkbox"/> 4M		<input type="checkbox"/> 0.75
<input type="checkbox"/> Camber Steady	<input type="checkbox"/> Custom		<input type="checkbox"/> 1.00
* Enhancement D_I_N			<input type="checkbox"/> 1.25

SMART LENS SYSTEM			
Progressive <input type="checkbox"/> Basic <input type="checkbox"/> Auto <input type="checkbox"/> Modern <input type="checkbox"/> DV Enhanced <input type="checkbox"/> NV Enhanced	Office <input type="checkbox"/> Desktop <input type="checkbox"/> Room <input type="checkbox"/> Tablet	Single Vision <input type="checkbox"/> SV Surfaced	Anti Fatigue <input type="checkbox"/> 0.50 <input type="checkbox"/> 0.75 <input type="checkbox"/> 1.00 <input type="checkbox"/> 1.25

	Sphere	Cylinder	Axis	Add	Seg Height	Distance PD	Near PD	OC Height	Prism	Direction
R										
L										

Lens Treatments	Frame Information										
<input type="checkbox"/> Super AR <input type="checkbox"/> Mirror Coat <input type="checkbox"/> Cobalt AR <input type="checkbox"/> Back Surface Only AR <input type="checkbox"/> Blue Block AR	<input type="checkbox"/> To Come <input type="checkbox"/> Enclosed <input type="checkbox"/> Lens Only <input type="checkbox"/> Lab Supply <input type="checkbox"/> Call Frame Model: _____ Frame Manufacturer: _____										
Tints <input type="checkbox"/> Grey <input type="checkbox"/> Rose <input type="checkbox"/> Gradient <input type="checkbox"/> Brown <input type="checkbox"/> Solid <input type="checkbox"/> Match	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Zyl</th> <th>Metal</th> <th>Groove</th> <th>Drilled</th> <th>Wrap</th> </tr> </thead> <tbody> <tr> <td>A:</td> <td>DBL:</td> <td>B:</td> <td>ED:</td> <td>Circ:</td> </tr> </tbody> </table>	Zyl	Metal	Groove	Drilled	Wrap	A:	DBL:	B:	ED:	Circ:
Zyl	Metal	Groove	Drilled	Wrap							
A:	DBL:	B:	ED:	Circ:							

Chemistrie Clip

Comments:

Edge Finish	
<input type="checkbox"/> Roll & Polish Edges	<input type="checkbox"/> No Polish Edge
<input type="checkbox"/> Polish Edge	