

LABORATORY ORDER FORM

Last Name: _____ First Name: _____

Date ordered: _____ Tray # _____

VSP Signature VSP Choice VSP Advantage Medi-Cal
 VSP Medicaid Eye-Med MES Davis Private
 Other Insurance: _____

	SPHERE	CYLINDER	AXIS	PRISM	BASE
R					
L					
	ADD	SEG HGT	O.C.	DIST	NEAR
R					
L					
FRAME VENDOR		FRAME COLLECTIONS			
MODEL		COLOR			
EYE	DBL	TEMPLE	B	ED	WHOLESALE

I understand the laboratory and our office is not responsible for any breakage to your frame or lenses.
 I understand, agreed and signed below

Signature of agreement	Antiglare	Photochromic	Polarized
Enclosed	Standard		Gray
Order Frame P.O.F Enclosed	Tier 1 Code B	Gray Brown	Brown
POF To Come	Tier 2 Code C	Graphite Green	
Repair Frame	Tier 3 Code D	XTRACTIVE	
Order templates			

Note:

Rectangular Square Oval Cat ZM Metal Semi-Rimless
 Oval Aviator Navigator Round Drill Rimless 2 4 6 8 Holes

SINGLE VISION

BI-FOCAL
 RD-22 RD-24 RD-28
 FT-22 FT-25 FT-28
 FT-35 EXECUTIVE
 YOUNGER 28
 BLENDED

COMPUTER / NEAR

TRIFOCAL
 7X25 7X28 8X35
 14 X 35 EXECUTIVE

PROGRESSIVE

LENS MATERIAL
 ASPHERIC
 NON-ASPHERIC
 HIGH INDEX 1.67
 HIGH INDEX 1.74
 PLASTIC POLYCARB
 GLASS TRIVEX

Tint
 Clear Solid
 Gradient DBL
 Gradient

Photochromic
Color of tint:
 Gray Brown G-15
 Pink Yellow Green
 #1 #2 #3 #4
 Match Tint as Demo

Adds on
 Edge Polish
 Scratch Resistant
 UV Protection
 Blue Light Protection
Mirror Coat Color:

AR Coat Brand:

AR Coat Brand:

AR Coat Brand:

Mirror Coat Color:

UV Protection
 Blue Light Protection
 Scratch Resistant
 Edge Polish
 Adds on
 Match Tint as Demo

Color of tint:
 Gray Brown G-15
 Pink Yellow Green
 #1 #2 #3 #4

Tint
 Clear Solid
 Gradient DBL
 Gradient

LENS MATERIAL
 ASPHERIC
 NON-ASPHERIC
 HIGH INDEX 1.67
 HIGH INDEX 1.74
 PLASTIC POLYCARB
 GLASS TRIVEX

PROGRESSIVE

TRIFOCAL
 EXECUTIVE 35 X 14
 5X8 82X7 52X7

COMPUTER / NEAR
 BLENDED
 YOUNGER 28

SINGLE VISION
 EXECUTIVE 35 X 14
 5X8 82X7 52X7
 AR Coat Brand:

Rectangular Square Oval Cat ZM Metal Semi-Rimless
 Oval Aviator Navigator Round Drill Rimless 2 4 6 8 Holes

Note:

Signature of agreement	Antiglare	Photochromic	Polarized
Enclosed	Standard		Gray
Order Frame P.O.F Enclosed	Tier 1 Code B	Gray Brown	Brown
POF To Come	Tier 2 Code C	Graphite Green	
Repair Frame	Tier 3 Code D	XTRACTIVE	
Order templates			

I understand the laboratory and our office is not responsible for any breakage to your frame or lenses.
 I understand, agreed and signed below

	EYE	DBL	TEMPLE	B	ED	WHOLESALE
R						
L						
FRAME VENDOR		FRAME COLLECTIONS				
MODEL		COLOR				

ADD **NEAR**

	SPHERE	CYLINDER	AXIS	PRISM	BASE
R					
L					

VSP Signature VSP Choice VSP Advantage Medi-Cal
 VSP Medicaid Eye-Med MES Davis Private
 Other Insurance: _____

Last Name: _____ First Name: _____
 Date ordered: _____ Tray # _____

LABORATORY ORDER FORM