



RGP Lens Specification Form

Date _____

Account Name _____ Account # _____ Contact Person _____ Phone _____

LENS ORDER INFORMATION

Patient Name _____ Last _____ First _____
 Mail to Office Mail to Patient
 Patient Street Address _____ Apt or Suite# _____
 City _____ State _____ Zip _____

Type of Order New Exchange Invoice #: _____
 Warranted Non-Warranted

Material _____ **Color** _____
Design _____ Lenticular

Base Curve	Diameter	Power	Optic Zone
OD			
OS			

Peripheral Curves			Center Thickness	Lenticular Bowl
First	Second	Third		
Width	Radius	Width	Radius	
OD				
OS				

Keratometer Readings		Spectical Refractions	
OD			
OS			

<input type="checkbox"/> I.D. Dot <input type="checkbox"/> OD <input type="checkbox"/> OS	<input type="checkbox"/> Drill Dot <input type="checkbox"/> OD <input type="checkbox"/> OS	Blend <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	Bifocal Add	OD	OS
Edge Shape <input type="checkbox"/> Thin Taper <input type="checkbox"/> Medium Taper <input type="checkbox"/> Round No Taper			Prism		
			Seg Height		
			Truncation		

NOTES _____

LENS ORDER INFORMATION

Patient Name _____ Last _____ First _____
 Mail to Office Mail to Patient
 Patient Street Address _____ Apt or Suite# _____
 City _____ State _____ Zip _____

Type of Order New Exchange Invoice #: _____
 Warranted Non-Warranted

Material _____ **Color** _____
Design _____ Lenticular

Base Curve	Diameter	Power	Optic Zone
OD			
OS			

Peripheral Curves			Center Thickness	Lenticular Bowl
First	Second	Third		
Width	Radius	Width	Radius	
OD				
OS				

Keratometer Readings		Spectical Refractions	
OD			
OS			

<input type="checkbox"/> I.D. Dot <input type="checkbox"/> OD <input type="checkbox"/> OS	<input type="checkbox"/> Drill Dot <input type="checkbox"/> OD <input type="checkbox"/> OS	Blend <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	Bifocal Add	OD	OS
Edge Shape <input type="checkbox"/> Thin Taper <input type="checkbox"/> Medium Taper <input type="checkbox"/> Round No Taper			Prism		
			Seg Height		
			Truncation		

NOTES _____

