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Standard Rx & Specialty Tint Order Form

Organization: Doctor: Street Address: City, ST Zip: Patient:	Patient Name: Patient Address:
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PD Distance <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px auto; text-align: center;">/</div> Near <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px auto; text-align: center;">/</div>		Sphere	Cyl	Axis	Prism	Base
	OD					
	OS					
		Add Power	Height	Color-Coating		
	OD					
	OS					

Tint Simulation <input type="checkbox"/> Noir™ Medical _____ <input type="checkbox"/> Corning CPF™ _____ <input type="checkbox"/> Eschenbach Solar Shield™ _____ <input type="checkbox"/> Eschenbach Wellness Protect™ _____ <input type="checkbox"/> Cocoons™ _____ <input type="checkbox"/> Other _____	Lens Option <input type="checkbox"/> Clear _____ <input type="checkbox"/> Photochromic _____ <input type="checkbox"/> Polarized _____ <input type="checkbox"/> Blue Blocker _____ <input type="checkbox"/> Vantage _____ <input type="checkbox"/> Other _____
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Lens Material <input type="checkbox"/> Plastic (CR39) <input type="checkbox"/> 1.60 Index <input type="checkbox"/> Trivex <input type="checkbox"/> 1.67 Index <input type="checkbox"/> Polycarbonate <input type="checkbox"/> 1.74 Index Other _____	Lens Style <input type="checkbox"/> Single Vision <input type="checkbox"/> Bifocal Style <input type="checkbox"/> Trifocal Style <input type="checkbox"/> Progressive Style	Frame-Temple-Color Size: Style: Edge Only <input type="checkbox"/> Supply <input type="checkbox"/> Uncut <input type="checkbox"/> Enclosed <input type="checkbox"/> Rimless <input type="checkbox"/> Replace <input type="checkbox"/> Frame to Come <input type="checkbox"/> Enclosed
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Special Instructions:	Lenses		
	Tint		
	Frame		
	PHI		
	Total		