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Rx ONLY
Peli Lens™ Order Form

Date:

Organization:

Doctor:

Street Address:
City, ST Zip:

Patient:

☐ MAIL TO PATIENT

Frame Specifications: **NO RIMLESS**
Manufacturer:_____

Style:_____ Color:_____

A/DBL_____/_____ B/ED_____/_____
Full metal w/nose pads is recommended

Supply ☐ Enclosed ☐ To Come ☐

CR-39 (3MM thick) ☐ Mid-Index ☐ Hi-Index ☐

PD Distance / Near /

	Sphere	Cyl	Axis	Prism/Base
OD				
OS				

Tint

Prisms will not tint

	Add	Bifocal Height (measure under lower prism)
OD		
OS		

Spectacle Lens Style

SV	Bifocal Style	Progressive
Vertical Frame dimension: Must be 36MM or greater	Vertical Frame dimension: Must be 43MM or greater	Available with Upper Prism Only

Peli Lens™ Specifications

Always BASE OUT unless noted in special instructions

(Please see illustration below)
Lower Height (X) _____
Separation (Z) _____
Upper Height (Y) _____

Lens with Peli Δ (check one)
☐ OD
☐ OS

Check One
☐ 40Δ Horizontal
☐ 57Δ Horizontal
☐ 57Δ Oblique Vertex

Special Instructions:

Final Fitting Positions:
Y - X = Z or X + Z = Y
X = Lower Height
Y = Upper Height
Z = Separation

Lenses		
Tint		
PHI		
Total		

7/10/2018