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Standard Rx & Specialty Tint Order Form

Organization: Doctor: Street Address: City, ST Zip: Patient:		Patient Name: Patient Address: <div style="text-align: center; border: 1px solid black; padding: 5px;"> <input type="checkbox"/> MAIL TO PATIENT </div>				
PD Distance <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto; text-align: center;">/</div> Near <div style="border: 1px solid black; width: 40px; 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 _____			
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 Single Vision Bifocal Style Trifocal Style 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			
Special Instructions:			Lenses			
			Tint			
			Frame			
			PHI			
			Total			