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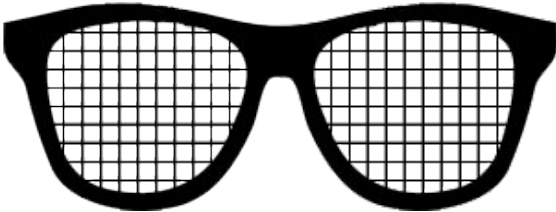
### Sector/Button Prism Order Form

Date:  Organization:  Doctor:  Street Address: City, ST Zip:  Patient:	Patient Name:  Patient Address:   <div style="text-align: center;"> <input type="checkbox"/> MAIL TO PATIENT         </div>
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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					

<b>Tint Simulation</b> <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 _____	<b>Lens Option</b> <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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<b>Lens Material</b> <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 _____	<b>Lens Style</b> Single Vision  Bifocal Style  Trifocal Style  Progressive Style	<b>Frame-Temple-Color</b>  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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<b>Special Instructions:</b>   <div style="margin-left: 20px;">         Prism Power: _____           Direction: _____       </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Lenses</td><td style="width:30%;"></td><td style="width:40%;"></td></tr> <tr><td>Tint</td><td></td><td></td></tr> <tr><td>Frame</td><td></td><td></td></tr> <tr><td>PHI</td><td></td><td></td></tr> <tr><td>Total</td><td></td><td></td></tr> </table>	Lenses			Tint			Frame			PHI			Total		
Lenses																
Tint																
Frame																
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