



Lenses Order Form

single vision, for distance myopia correction only

Customer Name: _____

Glasses Size: Medium

Large

Lenses prescription, to be filled by the optician*:

Lens	SPH	CYL	Axis	Prism	PD
Right					
Left					

* Please note that the RX adapter prescription inserts **support only** the values in the table below:

Lens	SPH	CYL	Axis	Prism	PD
Right	-4:+4 step of 0.25	-5:5 step of 0.25	0:360 step of 1	0:2 step of 0.25	27: 36 step of 0.5
Left	-4:+4 step of 0.25	-5:5 step of 0.25	0:360 step of 1	0:2 step of 0.25	27: 36 step of 0.5

The values limitations format is: ***[from inclusive]:[to inclusive] step of [step]***

For example: **-4:+4 step of 0.25** means that the possible values are from -4 to +4, with steps of +0.25

Date: _____

Optician Name: _____

Optician Signature: _____