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Account Number _____	Customer _____
Telephone _____	Address _____
Fax _____	Email _____
Date _____	Order / Patient Reference _____

PERSONALIZED DESIGNS	CELESTIAL <input type="checkbox"/>	SPORTY OUTDOOR LIFE <input type="checkbox"/>	GENERAL USE WORK, REST & PLAY <input type="checkbox"/>	OFFICE, COMPUTER, SMARTPHONE <input type="checkbox"/>
	EDEN <input type="checkbox"/>			
	SKYLINE <input type="checkbox"/>	PANTOSCOPIC ANGLE <input type="text"/> °	WRAP ANGLE <input type="text"/> °	BVD <input type="text"/> mm
				READING DISTANCE <input type="text"/> mm

LENS DESIGN		FAR/BALANCED FITTING HEIGHT		LENS DESIGN		GATEWAY FITTING HEIGHT	
FAR <input type="checkbox"/>	BEAUTY FAR <input type="checkbox"/>	SUPER 20MM <input type="checkbox"/>		CUTE (Ultra-short 12mm Only) <input type="checkbox"/>	SUPER 19MM <input type="checkbox"/>	LONG 17MM <input type="checkbox"/>	
BALANCED <input type="checkbox"/>	BEAUTY BALANCED <input type="checkbox"/>	LONG 18MM <input type="checkbox"/>		GATEWAY <input type="checkbox"/>	SHORT 15MM <input type="checkbox"/>		
		SHORT 16MM <input type="checkbox"/>					

LENS DESIGN							
PATHWAY <input type="checkbox"/>	RX SPHERICAL SV <input type="checkbox"/>	WORK-SMART <input type="checkbox"/>	D28 BIFOCAL <input type="checkbox"/>	D45 BIFOCAL <input type="checkbox"/>			
BEAUTY SV <input type="checkbox"/>	RX LENTICULAR SV <input type="checkbox"/>	SMART-READER <input type="checkbox"/>	D35 BIFOCAL <input type="checkbox"/>	C28 BIFOCAL <input type="checkbox"/>			
	RX ASPHERICAL SV <input type="checkbox"/>	DRIVE-SMART <input type="checkbox"/>		R28 BIFOCAL <input type="checkbox"/>			

LENS MATERIAL							
1.50 CR39 <input type="checkbox"/>	1.50 DRIVEWEAR <input type="checkbox"/>	1.67 MR10 JAPAN <input type="checkbox"/>	1.53 TRIVEX <input type="checkbox"/>				
1.55 NK55 <input type="checkbox"/>	1.61 MR8 JAPAN <input type="checkbox"/>	1.74 MR174 JAPAN <input type="checkbox"/>	1.59 POLYCARBONATE <input type="checkbox"/>				

COLOUR	CLEAR <input type="checkbox"/>	ETHEREAL PHOTOCROMIC 1.55	TRANSITIONS			XTRActive			POLARIZED		
		BROWN <input type="checkbox"/> GREY <input type="checkbox"/>	BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/>	BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/>	BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/>	BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/>	BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/>	BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/>	BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/>	BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/>	

COATINGS							
HARD <input type="checkbox"/>	HMAR <input type="checkbox"/>	HYDRO <input type="checkbox"/>	BLUE <input type="checkbox"/>	DRIVE <input type="checkbox"/>	LIFE <input type="checkbox"/>		

TINTING			ABSORPTION (LAF - ABS) %	COLOUR	MAX 85%	MAX 80%	MAX 75%
SOLID <input type="checkbox"/>	GRADUATED <input type="checkbox"/>	MATCH <input type="checkbox"/>			1.50	1.55, 1.60, 1.61	1.67, 1.74

LENS DATA	SPHERE	CYLINDER	AXIS	ADDITION	DIAMETER	PRISM UP / DOWN	PRISM IN / OUT	QTY
RIGHT								
LEFT								

LENS DATA	PD FAR	PD NEAR	FITTING HEIGHT	PLEASE SUPPLY THE FRAME DETAILS OR CIRCLE THE LENS SHAPE A - J THAT IS MOST LIKE THE LENS YOU REQUIRE. TEMPORAL _____ NASAL _____ SPECIAL INSTRUCTIONS;
RIGHT				
LEFT				
FRAME CENTRATION DATA	HORIZONTAL (A)		mm	
	DEPTH (B)		mm	
	DBL (NASAL)		mm	
	LONGEST DIAGONAL (C)		mm	
GLAZING OPTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FULL RIM METAL <input type="checkbox"/>	FULL RIM PLASTIC <input type="checkbox"/>
			HALF RIM (SUPRA) <input type="checkbox"/>	INLINE <input type="checkbox"/>
				RIMLESS <input type="checkbox"/>

