



SHAMIR

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Customer: _____ Date: ____/____/____

Reference: _____ Date Required: ____/____/____

LENS TYPE

	Sph	Cyl	Axis	Addition	Prism 1	Prism 2
Right	_____	_____	x _____	_____	_____	_____
Left	_____	_____	x _____	_____	_____	_____

	Dist PD	Near PD	Height	OC Height	FFA
Right	_____	_____	_____	_____	PANTO _____
Left	_____	_____	_____	_____	BVD _____

Uncut Fitted Frame enclosed Frame to follow

FRAME DETAILS

Width _____ Depth _____ Widest _____ Bridge _____ Type _____

Manufacturer _____ Name _____

Special Instructions

Frame Shape