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\*PER JOB



CS REP:	TRAY#	REDO: YES / NO
ACCOUNT #:		ORIGINAL DATE:
ACCOUNT NAME:		INVOICE #:
		REASON:

PATIENT'S NAME:	TODAY'S DATE:
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LENS SELECTION									
STYLE		DIGITAL PROGRESSIVE		DESIGNS	ENHANCED PROGRESSIVE	COLOR		MATERIAL	
Uncut	Edged	SLC	AUT-2	B	AMP	CLR	SRC	P	PC
				N	IM			1.498	1.59
Flat-Top	Tri-7x28	SLU	AUT-ATT	D	NAV	TSG	TSB		
Round	Tri-8x35	SLE	AUT-OFF	XS	NAV-S	NRG	NEB	TVX	PU
		SLCL	SC2	SF	PRECISE			1.53	1.60
Blended 28	SV	SLO	SPL	M	PRECISE-S	PG3	PB3		
	PAL	AUT-3	SMT	ST	CONCISE	PGF	DW	PX	TLT
								1.67	1.74
OTHER:		OTHER:		OTHER:		OTHER:		OTHER:	

RX INFORMATION								
	SPHERE	CYLINDER	AXIS	ADD	PD DIST	PD NEAR	PRISM	HEIGHT
R								
L								

ADD-ONS			FRAME INFORMATION			
COATINGS	TINTING	MIRROR	A:	B:	ED:	DBL:
Peak AR	SOLID GRADIENT	SOLID GRADIENT	EDGED	NYLOR	WRAP	DRILL
Sync AR			METAL	ZYL	FTF	PACKAGE
Supreme AR	COLOR:	FLASH	NAME:			
Prem. Coating			COLOR:			
BlueGuard+ AR	10% 70%	COLOR:	ADDITIONAL MEASUREMENTS:			
OTHER:	20% 85%		PANTO ANGLE:	WRAP ANGLE:		
	50%		BACK VERTEX DISTANCE:			

**Special Instructions:**

FAX TO: 866.858.4459 • 201.784.1473