



**PARADISE**  
LENS • LAB

2540 Zanella Way, Suite 10 | Chico, CA 95928  
(530) 413-9627 | (530) 413-9628 Fax

ACCOUNT #: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DIGITAL SEG TYPE			MATERIAL				
<input type="checkbox"/> PHOENIX	<input type="checkbox"/> COMFORT ENHANCED	<input type="checkbox"/> 155	<input type="checkbox"/> 174	<input type="checkbox"/> PL	<input type="checkbox"/> 160	<input type="checkbox"/> GLASS	
<input type="checkbox"/> PHOENIX ADVANCED	<input type="checkbox"/> COMFORT DRx	<input type="checkbox"/> 167	<input type="checkbox"/> PGX	<input type="checkbox"/> POLY	<input type="checkbox"/> TRIVEX	<input type="checkbox"/> POLARIZED	
<input type="checkbox"/> PHOENIX ADVANCED HD	<input type="checkbox"/> COMFORT SHORT	<input type="checkbox"/> SHAMIR: _____	<input type="checkbox"/> PHYSIO ENHANCED	<input type="checkbox"/> TRANSITIONS	<input type="checkbox"/> POLARIZED GRAY/BROWN/ GG		
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PHYSIO DRx	<input type="checkbox"/> XTRActive		<input type="checkbox"/> VANTAGE			
<input type="checkbox"/> SV			<input type="checkbox"/> 7 X 28	<input type="checkbox"/> OVATION			
<input type="checkbox"/> FT 28	<input type="checkbox"/> 8 X 35	<input type="checkbox"/> COMFORT 2			<input type="checkbox"/> SAPPHIRE		
<input type="checkbox"/> FT 35	<input type="checkbox"/> RD SEG	<input type="checkbox"/> PHYSIO			<input type="checkbox"/> ALIZE UV		
<input type="checkbox"/> OTHER: _____			<input type="checkbox"/> CRIZAL UV				<input type="checkbox"/> TD2
			<input type="checkbox"/> AR24 PLUS				<input type="checkbox"/> OTHER: _____

DIST	SPHERE	CYL	AXIS	IN	DEC	OUT	Dist	PD	Near	VERT OC
OD:										
OS:										
ADD	POWER	SEG HEIGHT	INSET	TOTAL INSET	PRISM					
OD:										
OS:										
THICKNESS			TINT & COATINGS				SCRATCH COAT			
<input type="checkbox"/> DRESS	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> U.V.	<input type="checkbox"/> GRAD	<input type="checkbox"/> SOLID _____ %		<input type="checkbox"/> 1 SIDE/ FACTORY RLX				
OD: <input type="checkbox"/> _____ C	<input type="checkbox"/> _____ E	<input type="checkbox"/> E.P.	<input type="checkbox"/> ROLL	COLOR		<input type="checkbox"/> 2 SIDES				
<input type="checkbox"/> CENTER	<input type="checkbox"/> EDGE	<input type="checkbox"/> UNFINISHED				<input type="checkbox"/> RIMLESS GROVE				
OS: <input type="checkbox"/> _____ C	OS: <input type="checkbox"/> _____ E	<input type="checkbox"/> TO COME				<input type="checkbox"/> RIMLESS DRILL				
<input type="checkbox"/> CENTER	<input type="checkbox"/> EDGE	<input type="checkbox"/> FINISHED				<input type="checkbox"/> ZYL <input type="checkbox"/> METAL				
<input type="checkbox"/> SUPPLY		<input type="checkbox"/> ENCLOSED		<input type="checkbox"/> EDGE ONLY						
FRAME MANUFACTURER	EYE	BR	COLOR	TEMPLE	COMMENTS & SPECIAL INSTRUCTIONS					
BOX DIMS										
A	B	ED	DBL							
WRAP _____	VERTEX _____	NHP _____								
PANTO _____	ERCD _____	EYE RATIO _____								
										BASE