



# SHAMIR

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Practice name: \_\_\_\_\_ Account No. \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Patient name: \_\_\_\_\_ Date Required: \_\_\_ / \_\_\_ / \_\_\_

## LENS TYPE .....

	Sph	Cy	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