

SENUE OPTICAL

422 S WESTERN AVE STE 101, LOS ANGELES CA 90020

Tel: 213-909-2009 / FAX: 213-402-8155 / email: order@senueoptical.com

COMPANY NAME:		DATE:				
PATIENT NAME:		TRAY:				
EDGE: _____		UNCUT: _____				
<u>INDEX</u>						
1.5	TRIVEX	1.56	POLY	1.6	1.67	1.74
<u>TYPE</u>						
CLEAR		PHOTOCHROMIC		TRANSITIONS		POLARIZED
BLUE BLOCK						
<u>DESIGN</u>						
FF PROGRESSIVE:						
MASTER		ALPHA H45	BASIC	i-FIT	i-EASY	
DRIVE/SPORT		VILUX	i-STYLE	OFFICE Distance: _____		
CORRIDOR: LONG				MEDIUM		SHORT
SINGLE VISION:						
SV		DIGITAL FF	GOLFING			
BIFOCAL:						
FT28		BFREE	DIGITAL ROUND SEG			
<u>PRESCRIPTION</u>						
	SPH	CYL	AXIS	ADD	PD	SEG HT
OD / R						
OS / L						
	PRISM	DIR		BASE	CT	EDGE
OD / R						
OS / L						
<u>FRAME</u>						
A				METAL		
B				ZYL		
DBL				SEMI-RIM		
ED				DRILL		
<u>COATING</u>						
SHMC		HMC	HC	BLSC	MIIRROR	
				COLOR:		
<u>TINT</u>	COLOR:	SOLID %	GRADIENT ____% - ____%			

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