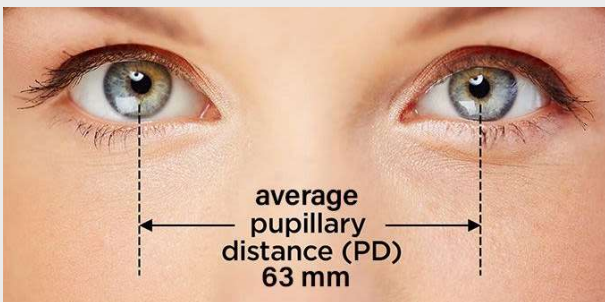


Ordering Glasses

Fitting Glasses

- When fitting the lenses, consider some of the following situations:
 - Is this the patient's first prescription?
 - Is there a large prescription change or large change in the cylinder or axis?
 - Is it the first bifocal?
 - Is there a change in the base curve?
- These are times when the patient needs to be aware of certain expectations to make their experience of purchasing glasses an amazing one!

Pupillary Distance (PD)

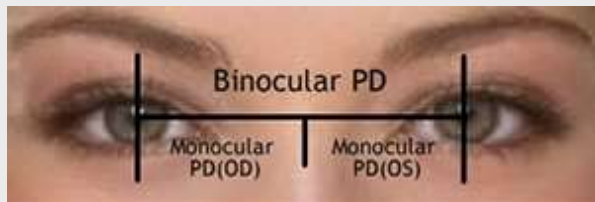


- The PD is the measurement of the distance between the center of the pupils of each eye.
- Accurate pupillary measurements will be necessary to align the lenses in front of the eyes for clear and comfortable vision.
- The PD generally ranges from 48-80mm, with an average of 63mm.
 - PDs change with age, increasing roughly 18mm as a child matures. It stabilizes and remains constant as an adult.
 - Women tend to have smaller PDs than men.
 - PDs are not always proportionate to the size of the patient.

Pupillary Distance

- Pay close attention to the specific working distance of the required glasses, either noted on a prescription or by the patient.
- As a patient changes focus from distance to near, the eyes converge, or turn inward about 3-4mm. Consequently, the PD must be taken at the specific working distance for the given prescription, that is, the distance for which the lenses were prescribed.
 - Be sure to notate at which distance the measurements were taken.
 - “Distance” refers to anything beyond 20 feet (or optical infinity). “Intermediate” is 1m or 30”. Near is generally 40cm or 16”.

Pupillary Distance



- The PD measurement may be binocular, that is, the distance in millimeters from one pupil center to the other pupil, or monocular, the distance in millimeters from the imaginary center line of the patient's bridge to the center of the pupil of one eye.
 - Common lower prescriptions will usually require only a binocular PD.
 - Monocular PDs may be required for higher powered lenses, progressive lenses, higher index lenses like polycarbonate, eyes that do not focus together, anisometropia, or patients with significant facial asymmetry.
 - Adding the monocular PDs should equal the binocular PD.
- Binocular PDs are recorded Distance/ Near, e.g., 63/60.
- Monocular PDs are recorded Right Eye/ Left eye, e.g., 30/31.

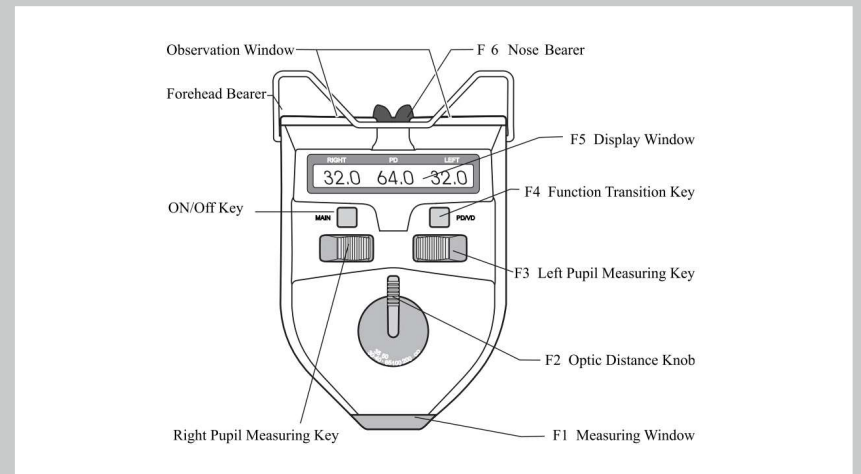
Measuring Pupillary Distance

Although new devices are made every year to measure the PD, here are some tried and true devices and techniques:

Pupillary Distance

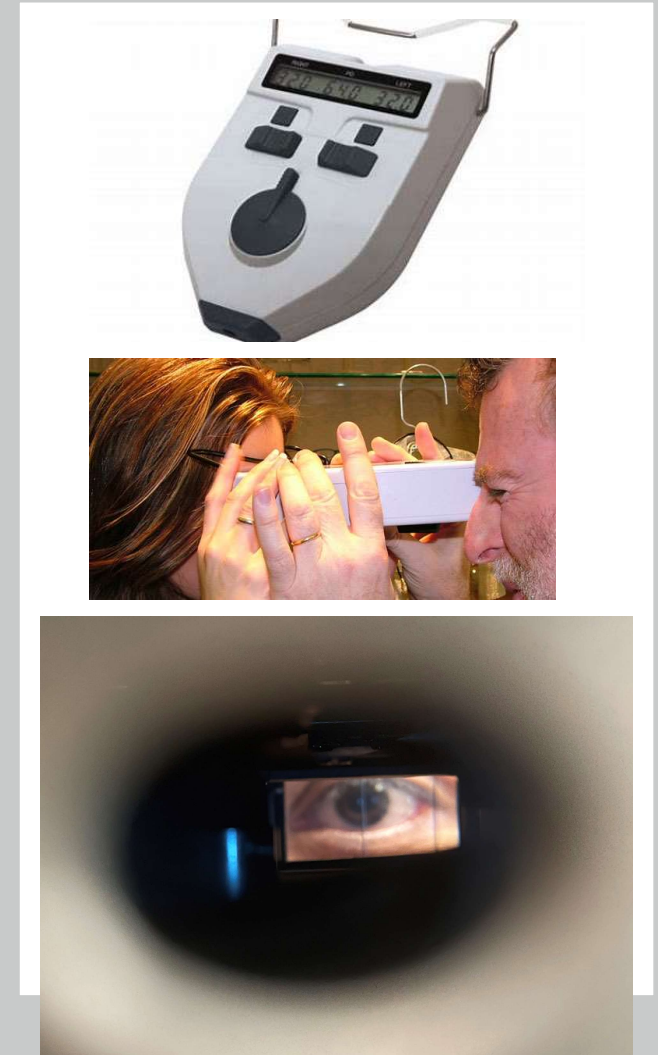
Corneal Reflection Pupilometer

- The pupilometer is a great instrument to easily measure a patient's PD. Historically, it has been the most accurate of devices, with an accuracy of about 0.5mm.
- The important parts of the pupilometer are seen in the picture to the right. On the reverse side of the pupilometer, there is an occluder so that one eye can be tested at a time, along with an indicator light to indicate that the machine is powered on.



Pupillary Distance

- Procedure
 - Turn the focusing distance selector until the desired correct working distance is visible in the window. It can be set for working distances of 35cm, 40cm, 50cm, 100cm, 200cm, or infinity.
 - Generally, for distance, set the selector to infinity (∞).
 - For near, set the selector to "40."
 - Turn on the unit with either a power button or by turning the unit upside down.
 - Clean the pupillometer with a cloth and isopropyl alcohol.
 - Place the pupillometer on the bridge of the patient's nose. They can help hold it as if they were looking through binoculars. Ask them to look through the windows at the center of the light inside. Usually this is a green circle.
 - The optician looks in the single window of the instrument towards the left side to see the patient's right eye. Look for a small reflection of light on the cornea. Using your left finger, move the adjustment slide until the vertical crosshair is centered over the reflection of light.
 - Now look toward the right side and do the same for the patient's left eye.
 - Remove the pupillometer. Record your findings as indicated on the scale of the pupillometer.
 - The binocular PD is recorded in the top or center window.
 - The monocular PD for each eye is recorded in the lower or outer windows.
 - The right eye is on the left side, and the left eye is on the right.



Pupillary Distance

Interpupillary Gauge

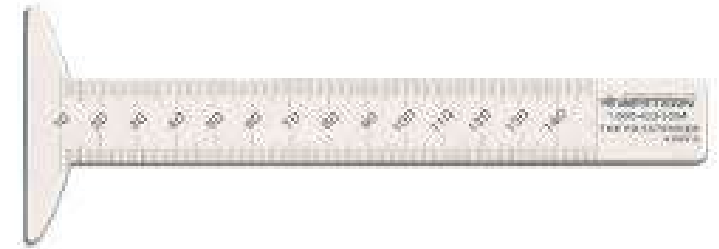
- This is a PD tool that rests on the patient's nose. There are either windows in the tool or you are able to see above the gauge to measure the PD.
- To get the PD measurement, simply read the number on the scale which correlates to the patient's center of the pupil.
- If you are unsure of where the pupil center is, you can shine a penlight or transilluminator into the eye to more easily see its location.
- Remember to have the patient focus at the correct distance the glasses will be prescribed for.



Pupillary Distance

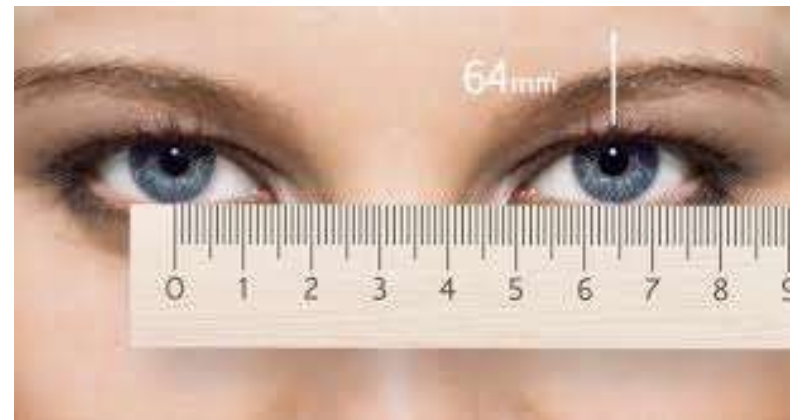
Millimeter (PD) Ruler

- These are measuring rulers which can be used to measure the PD.
- The millimeter ruler, called the PD ruler, is the only effective way to measure the PD for:
 - Small children or patients with narrow-set eyes (PD too narrow for the pupilometer)
 - Patients with wide-set eyes (PD too wide for the pupilometer)
 - Times when the pupilometer is unavailable (batteries dead or damaged)



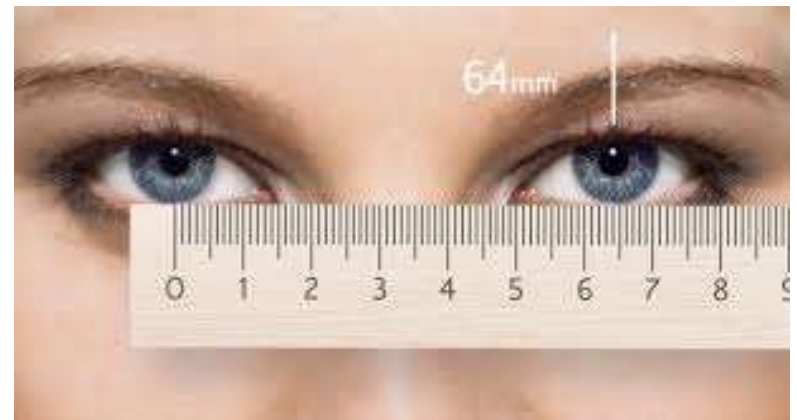
Pupillary Distance

- Procedure
 - Position yourself directly in front of the patient at the same level, at a distance of about 16 inches.
 - Hold the PD ruler between your right thumb and forefinger, and steady your hand by placing your remaining three fingers against the patient's cheek.
 - Position the PD ruler across the most recessed part of the bridge of the patient's nose.
 - Instruct the patient to fix their gaze towards your left eye.
 - Line up the zero mark of the ruler with the temporal edge of the patient's right limbus. For children and other patients that cannot remain still, the canthus can be used as a good location marker.



Pupillary Distance

- Procedure (cont.)
 - Read the number on the ruler that corresponds to the nasal edge of the patient's left limbus. This number is the patient's near PD. Often you will need to close one of your eyes to minimize the parallax effect.
 - Without moving the PD ruler, instruct the patient to look at your right eye. The number on the ruler that corresponds to the nasal edge of the patient's left limbus now is the distance PD.
 - Without moving the PD ruler, instruct the patient to look at your left eye once again. The eyes will have shifted to your left. This is a double-check procedure. The near PD must be the same both times. If it is not, the PD ruler was inadvertently shifted, and the measurement should be performed again.



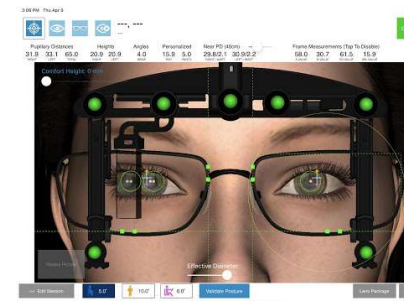
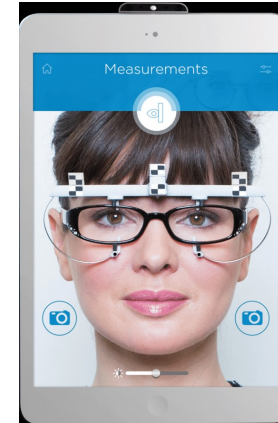
Pupillary Distance

- Problems that can arise with this method
 - The working distances are difficult to determine. Ideally, the optician should be exactly the required distance from the patient when the measurement is made, but this is difficult to achieve with any accuracy.
 - Binocular pupillary distance measurements can be inaccurate. Monocular measurements are even more difficult.
 - Parallax may skew measurements.
 - The optician's PD must be similar to that of the patient's.
 - The patient must also have the same size pupil.

Pupillary Distance

Other Devices

- Essilor Eye-Ruler 2
- Hoya Spectangle Pro
- Optikam Posture Device
- Shamir Spark Mi Up
- Smart Mirror for iPad Pro, iPad OS14
- Zeiss Visufit1000



The Optical Center (OC)

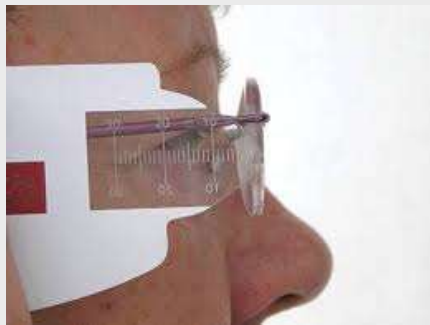


- The OC is a measurement that centers the lens vertically to match the center of the pupil.
- It is taken for certain lenses where chromatic aberrations may be induced, such as polycarbonate and aspheric lenses.
- To take this measurement, have the patient try on the frames. With a PD ruler measure from the center of the pupil to the bottom of the eyewire.
- When the pantoscopic tilt is increased, the OC must be lowered 1mm for every 2 degrees of tilt greater than 10 degrees. If not, aberrations can be induced, especially with increased prescriptions.
 - In a plus lens, plus cylinder is induced in the 180 degree meridian.
 - In a minus lens, minus cylinder is induced in the 180 degree meridian.

Edge Thickness Concerns

- Thickness at the edges and center is due to:
 - Lens power
 - Lens materials
 - Lens size
 - Plus lens
 - Minus lens
 - Lens use- cosmetic or safety
 - Cylinder
 - Prism
 - Fused bifocal with high add powers
 - Nylon suspension frames

Vertex Distance



- Techniques
 - PD ruler
 - With the ruler held level along the frame's temple, the horizontal distance between the cornea and the center of the eyewire groove can be determined.
 - Pupilometer
 - This is also designed to measure the vertex distance.
 - Distometer
 - Distometers are not used too much anymore since they only came into play before IOLs, when patients have very high plus power glasses after cataract surgery. Yet, now vertex distance is making a comeback with the advent of free-form lenses.
 - New Modern Devices

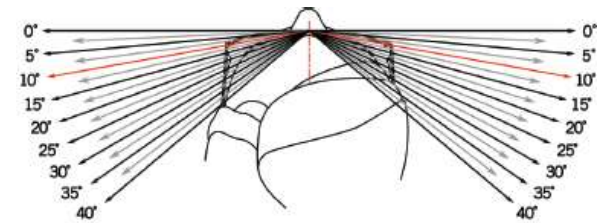
Vertex Distance

- Distometer Procedure
 - The measurement is taken when the patient is wearing the properly adjusted frame. The eyes are directed forward and are closed.
 - One arm of the distometer rests against the eyelid and the other arm is extended to touch the ocular side of the lens by pushing on the plunger.
 - As the plunger is pushed, the leg moves away from the device.
 - Add 1mm to this reading to compensate for eyelid thickness.
 - Once the reading is taken, the power change that has occurred can be determined via a table, and the appropriate vertex compensation can be made in the prescription. This is determined by the scale.



Position of Wear Measurements

- Face Form Wrap
 - Frame wrap can be measured using a face form wrap protractor. This is a simple chart that can be obtained from many lens manufacturers.
 - When ordering wrap frames, it is very important to ensure the measurements are correct. Wrap frames can change the decentration, inducing prism.
 - Note that wider PDs will receive greater wrap compensation for a given wrap angle, and vice versa.
- Vertex Distance
 - Vertex distance can be measured very accurately with a distometer. A PD ruler or pupilometer can also be used.
 - Note that increased vertex distances require shorter progressive corridors, and vice versa.
- Pantoscopic Tilt
 - Lens manufacturers can usually provide a tool to measure pantoscopic tilt.
 - When taking the pantoscopic measurement, it should be held parallel to the face and perpendicular to the patient's forward-facing gaze.
 - Note that increased pantoscopic tilt generally requires a shorter corridor, and vice versa.



Position of Wear Measurements

- Measuring
 - Most of these can be performed either manually as described in the previous slide or with newer technological devices. Each lens manufacturer has a proprietary device that they use.
- Default Measurements
 - If not specified, labs will assume the following default measurements:
 - 5 degrees of frame wrap angle
 - 13mm vertex distance
 - 10 degrees pantoscopic tilt

Ordering Multifocals



Taking Multifocal Measurements (Segment or “Seg” Heights)

- Bifocal segments come in many different styles and widths.
- Ask effective lifestyle probing questions to determine the proper segment that should be used.
 - When choosing a bifocal style for a patient, be sure that you talk about previous styles that have been worn by the patient, the occupation and hobbies of the patient, the field of view required, as well as prescription and frame considerations.
 - Use this information to make recommendations on a lens style that will satisfy the patient’s needs.
- Make sure the patient will have enough “room” in both the distance, intermediate, and near portions of the new glasses.
 - The “seg height” indicates where the segments are vertically. This is the distance from the top of the segment to the lowest part of the eyewire.
 - The near PD shows us where the segments should be horizontally.
 - Patients with indoor, office professions could have a seg that is a little higher. Patients with outdoor occupations could have a lower segment.

Ordering Multifocals



- Pre-adjust frames prior to taking measurements. Also find out where on the face the patient likes to wear their glasses, i.e., down their nose or really high.
- Have the patient relax, looking straight ahead. Observe their posture. Different postures create different segment placement needs. Head tilts can change the measurements by 2-5mm.
 - Heads tilted back would require a lower seg. Heads tilted down would require a raised seg.
 - Taller patients may require a lower seg. However, a shorter person should not have a higher seg.
 - The vertex distance and prescription can also change the amount of area for near viewing. Patients with a higher plus power prescription should have a little higher segment.
 - Segment placement for first-time multifocal wearers can be 1-2 mm lower than for experienced wearers. This allows for easier adaptation.

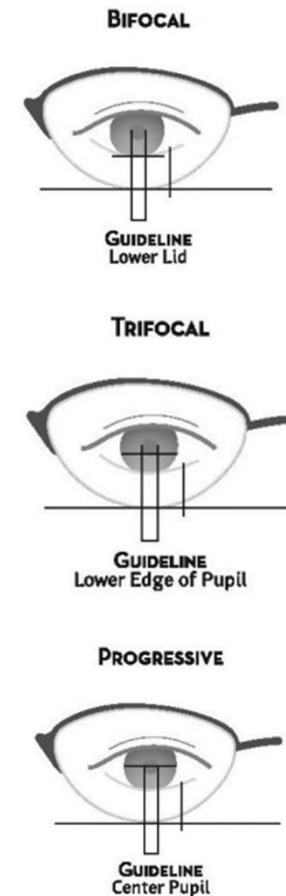
Ordering Multifocals



- Always verify that you are at eye level with your patient. Adjust your chair or move around to the patient's side of the counter to take measurements. Look straight ahead at the patient.
- Always check the segment placement on the patient's habitual glasses, if applicable. Measure to what the patient has been accustomed to, unless the patient is dissatisfied with the current segment placement. If the patient likes the segment 4mm lower from the old glasses, keep the segment 4mm lower for the new ones. If any changes are made, make sure the patient is aware of this.
- If the frame has demo lenses, mark the seg height on the demo lens. If the frame does not have demo lenses, place a clear adhesive mask or a piece of clear scotch tape vertically across the top and bottom eyewires (with the sticky side away from the patient). You are now able to mark on the tape or mask.
- Interact with the patient and explain why you are going through these procedures. Ask for the assistance by asking them to put on the glasses with the marks on them to verify that they peer through the correct areas when using the glasses.
- Note that if the frame is plastic or has thick eyewires, it will be necessary to measure to the deepest part of the inside groove. Measuring to the top or bottom of the eyewire will not be accurate.
- Always double check your measurements! Have a fellow team member verify your measurement, if possible.

Ordering Multifocals

- Bifocals
 - The segment is measured at the lower eyelid margin to the deepest part of the eyewire. In most cases, the deepest part of the eyewire will not be directly below the pupil.
 - When measuring a child for a bifocal, make sure that you bisect the pupil, unless specifically stated otherwise in the prescription.
- Round bifocals
 - This is measured like a lined bifocal, but add 3mm.
- Trifocal
 - The segment is measured from the bottom of the pupil to the deepest part of the eyewire.
- Progressives
 - The segment is measured from the center of the pupil to the deepest part of the eyewire.
- Occupational Lenses
 - Measure the lens as is required, i.e., a bifocal or trifocal.
 - Make sure that there is enough portion of the lens for each required field. Consider both the frame and occupation.



Ordering Multifocals- Challenges

- Ordering Multifocals for Asymmetric Eyes
 - Different segment heights may be required, but do not assume that this is OK with the patient. Let them know what it will look like and ask if that is alright with them, or would they rather sacrifice a little vision for cosmetics.



Ordering Reading Only Glasses from a Multifocal Prescription

- To order “reading only” glasses from a multifocal prescription, simply add the distance sphere power and the add power. This becomes the near sphere power. The cylinder and axis components, if applicable, remain the same. The near pupillary distance should then be specified.
- Example
 - OD: -1.00 -1.50 x180 = +1.00 -1.50 x 180
 - OS: -0.50 -1.25 x160 = +1.50 -1.25 x 160
 - Add: +2.00, PD: 64/60 PD: 60

Ordering Reading Only Glasses from a Multifocal Prescription

Practice Problem:

+1.00 -0.75 x135

+2.50 -1.00 x140

Add: +1.75

Ordering Reading Only Glasses from a Multifocal Prescription

Practice Problem:

+1.00 -0.75 x135

+2.50 -1.00 x140

Add: +1.75

Answer:

+2.75 -0.75 x135

+4.25 -1.00 x140

Ordering Reading Only Glasses from a Multifocal Prescription

Practice Problem

-4.25 sph

-3.75 -0.25 x080

Add: +1.25

Ordering Reading Only Glasses from a Multifocal Prescription

Practice Problem

-4.25 sph

-3.75 -0.25 x080

Add: +1.25

Answer

-3.00 sph

-2.50 -0.25 x080

Ordering Intermediate Glasses from a Multifocal Prescription

- The same instructions would apply as with reading glasses, but only **half** of the add power is used.
 - This is performed if the doctor does not specify otherwise.
 - Sometimes a specific add power may be indicated for intermediate work use on the prescription.
- Example
$$\begin{array}{lll} \text{OD: } -1.00 -1.50 \times 180 & = & 0.00 -1.50 \times 180 \\ \text{OS: } -0.50 -1.25 \times 160 & = & +0.50 -1.25 \times 160 \\ \text{Add: } +2.00, \text{ PD: } 64/60 & & \text{PD: } 60 \end{array}$$
- If the patient would like to order a bifocal with the intermediate on top, and the reading on the bottom, the above prescription would go on top. The reading add is then the difference between the add prescribed and the add power utilized.
 - In this example, $+2.00 - +1.00 = +1.00$

Ordering Intermediate Glasses from a Multifocal Prescription

Practice Problem

+2.50 -1.25 x010

+2.00 -1.00 x025

Add: +1.50

Ordering Intermediate Glasses from a Multifocal Prescription

Practice Problem

+2.50 -1.25 x010

+2.00 -1.00 x025

Add: +1.50

Answer

+3.25 -1.25 x010

+2.75 -1.00 x025

(Add: +0.75)

Ordering Intermediate Glasses from a Multifocal Prescription

Practice Problem

-5.00 -2.00 x035

-4.50 -1.50 x045

Add: +2.50

Ordering Intermediate Glasses from a Multifocal Prescription

Practice Problem

-5.00 -2.00 x035

-4.50 -1.50 x045

Add: +2.50

Answer

-3.75 -2.00 x035

-3.25 -1.50 x045

(Add: +1.25)

Splitting Prisms

- Should a prescription be presented with prism that is not optimized for the best cosmesis or comfort of the glasses, it is well within the scope of an optician to recommend splitting the prism evenly between the two lenses. This does not alter the effectiveness of its power.

Splitting Prisms

- Rules
 - Split the amount of prism equally between the two eyes.
 - Keep the direction of the prism base in front of the eye the prism is prescribed for.
 - Determine the direction of the base of the prism in front of the other eye.
 - When adding the prisms of the two eyes, it should equal the amount of prism before the split occurred.
 - Vertical prism (BU/BD) is additive if in opposite directions, and subtractive if in the same direction.
 - e.g., $2BU + 2BD = 4$ prism diopters. $2BU + 2BU = 0$ prism diopters
 - Horizontal prism (BI/BO) is additive if in the same direction, and subtractive if in the opposite direction.
 - e.g., $2BO + 2BI = 0$ prism diopters. $2BO + 2BO = 4BO$

Splitting Prisms

Practice Problem

-2.00 -0.75 x030

-2.00 -0.50 x025

6BO

Splitting Prisms

Practice Problem:

-2.00 -0.75 x030

3BO

-2.00 -0.50 x025

3BO

Splitting Prisms

Practice Problem:

+1.00 -0.75 x030

+0.50 -2.00 x040

4BD

Splitting Prisms

Practice Problem

+1.00 -0.75 x030

2BU

+0.50 -2.00 x040

2BD

Fresnel/ Press-on Prisms

- When prism is needed to achieve binocular vision, usually for a temporary time period, a Fresnel or press-on prism can be used.
- These are made of a thin plastic and can be cut easily into the shape of a spectacle lens and pressed onto the surface.
- Since these have poor clarity, they are not ideal for long-term use. The cosmesis is also not very acceptable to many patients.



Slab-Off/ Bicentric Grinding

General Information

- Slab-off is a required procedure for many presbyopic patients that have a large amount of anisometropia, usually larger than 1.5D in the 90 degree meridian.
- It solves for the vertical imbalance that occurs when looking through the near segment. Anisometric patients that complain of discomfort or diplopia when reading for long periods of time are great candidates for slab-off.
- Slab-off is not required for distance only glasses, since no prism is induced when looking through the optical centers.

Slab-Off/ Bicentric Grinding

General Information

- Slab-off is a base up prism ground on the ocular surface of the lens with the most minus, or the least plus power, to offset the excessive base down that occurs when looking down with anisometropia.
- Reverse slab off is the exact opposite. It is base down prism ground into the base curve of the lens with the most plus or least minus power. This is increasing in popularity, because it allows many labs to purchase finished lenses with the slab off already in the lens.
- Although slab off is normally indicated in the doctor's prescription, it is important to know how to recognize whether a patient is a good candidate for the procedure.
 - Generally, any prescription that results in a vertical prismatic imbalance greater than 1.5D is considered a good candidate.
 - Slab-off can correct for up to 6D of vertical imbalance.
 - It is best to use small frames with slab-off prescriptions.

Slab-Off/ Bicentric Grinding

Steps to analyzing if slab-off is required

- Compute the effective power of each lens in the 90th meridian. This is important, because it is the meridian that patients use when looking down to read.
- Calculate the difference between the two eyes.
- Due to the fact that the average person looks down roughly 10mm from the optical center to read, the effective power in the 90th meridian equals the prism of the lens.
- If the add power is the same in both eyes, which it usually is, there is no need to include it in your calculation. The equality of the add in both eyes will cancel itself out.

Slab-Off/ Bicentric Grinding

Example

- Rx: OD: +5.00 -1.00 x 060, OS: +1.00 -0.50 x 045
 - OD
 - 30 degrees off axis = 25% cyl in effect = $0.25 \times -1.00 = -0.25$
 - $+5.00 + -0.25 = +4.75 = \text{Prism}$
 - OS
 - 45 degrees off axis = 50% cyl in effect = $0.5 \times -0.50 = -0.25$
 - $+1.00 + -0.25 = +0.75 = \text{Prism}$
 - The difference between +4.75 and +0.75 is 4D, which indicates that this is a good candidate for slab off because it is more than 1.5D.
 - The amount of slab off would be the difference between the two amounts of prism.

Slab-Off/ Bicentric Grinding

Practice Problem

OD: +2.00 -1.00 x090

OS: +3.00 -5.00 x090

Slab-Off/ Bicentric Grinding

Practice Problem

OD: $+2.00 - 1.00 \times 0.90 = +2.00$

OS: $+3.00 - 5.00 \times 0.90 = +3.00$

Difference = 1. No need for slab-off.

Slab-Off/ Bicentric Grinding

Practice Problem:

OD: -1.00 -2.00 x030

OS: -3.00 -1.00 x060

Slab-Off/ Bicentric Grinding

Practice Problem

OD: $-1.00 -2.00 \times 030 = -1.50$

OS: $-3.00 -1.00 \times 060 = -3.25$

Difference = 1.75. This is a good candidate for slab-off.

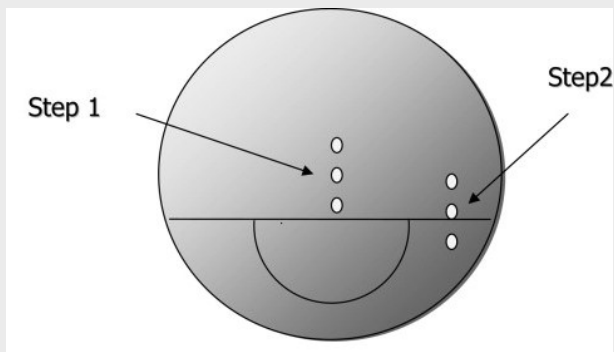
Slab-Off/ Bicentric Grinding

Placement of Slab Line

- FT Bifocals- The slab line should be in line with the top of the bifocal.
- Trifocals- The slab line should be in line with the bottom of the intermediate portion.
- Progressives- The slab line should be positioned slightly above the near verification circle.



Slab-Off/ Bicentric Grinding



Verification of Slab-Off

- Lens Clock
 - First, position the lens clock horizontally across the lens center in the distance portion paralleling the slab line and record the base curve.
 - Then, rotate the lens clock 90 degrees with the pins perpendicular to the slab line with the central pin directly on the line and record the base curve.
 - The difference between the two base curves indicates the amount of slab-off prism applied.
- Lensometer

Slab-Off/ Bicentric Grinding

What if the patient does not want slab-off?

- Two pairs of glasses would work. This way the patient is looking through the specific optical centers.
- Dissimilar segments
 - Raising the bifocal segment of one lens creates different image jumps, decreasing the amount of imbalance. This is not the best option, but it can be useful when the vertical imbalance is less than 1.50D. Segments of different powers might also work, but this is usually not a good choice.
 - Different styles can also be used.
- Monovision contact lenses
- Fresnel prisms

The Lab Order

- All lab order forms require basically the same information. However, the formats will differ. Look at the specific labs you use, and find the following:

PROVIDER NAME & ACCOUNT NUMBER										DATE OF SERVICE											
OPTICIAN																					
PATIENT NAME (FIRST, MIDDLE, LAST)																					
POWER										PRISM				SEG HEIGHT		OC HEIGHT		DIST PD		NEAR PD	
R																					
L																					
	SPHERE	CYL	AXIS	ADD	IN	OUT	UP	DOWN													
☐ CR39		☐ POLY		☐ TRIVEX		☐ 1.56 BLUTECH INDOOR/OUTDOOR				☐ 1.60		☐ 1.67		☐ 1.74							
☐ CLEAR		☐ TRANSITIONS										☐ POLARIZED									
		☐ GREY		☐ BROWN		☐ EXTRACTIVE				☐ VANTAGE		☐ GREY		☐ BROWN							
PROGRESSIVE PACKAGE PRICING (CHECK BOX)										SINGLE VISION STOCK LENSES (CHECK BOX)											
☐ KODAK UNIQUE W/ CLEAN AND CLEAR AR										☐ SV ASPH POLY RESOLUTION W/ CERUIMAR (-8 TO +3 UP TO -2 CYL)											
☐ DIRECT TECH W/ CLEAN AND CLEAR AR										☐ SV POLY W/ CRIZALAR (-3 TO +2 UP TO -1 CYL)											
LENS TYPE					LENS MATERIAL					ADD ON'S					SPECIAL NOTES & INSTRUCTIONS						
FRAME INFORMATION																					
MANUFACTURER					NAME/SHAPE					COLOR											
A	DBL	TEMPLE	B	ED	☐ PLASTIC		☐ METAL														
					☐ GROOVE		☐ DRILL														

The Lab Order

- Patient Information, including:
 - First and Last Name (with proper spelling)
 - Current address, city, state, and zip code.
 - A phone number where the patient can be reached.
 - Any information that might be required in your particular office. Some of this information includes:
 - Your name or initials as the optician.
 - Today's date
 - The examining doctor's name or initials
 - Insurance information, which may affect which lab to use.
- Prescription
 - OD is always written before (or on top of) OS.
 - Always write the prescription using three figures. It should be -3.00, not -3.
 - Do not include the sign for degrees (°) for the axis, because it may be mistaken as a 0.

PROVIDER NAME & ACCOUNT NUMBER										DATE OF SERVICE									
OPTICIAN																			
PATIENT NAME (FIRST, MIDDLE, LAST)																			

	POWER				PRISM				SEG HEIGHT	OC HEIGHT	DIST PD	NEAR PD
R												
L												
	SPHERE	CYL	AXIS	ADD	IN	OUT	UP	DOWN				

☐ CR39	☐ POLY	☐ TRIVEX	☐ 1.56 BLUTECH INDOOR/OUTDOOR	☐ 1.60	☐ 1.67	☐ 1.74
☐ CLEAR	☐ TRANSITIONS			☐ POLARIZED		
	☐ GREY	☐ BROWN	☐ XTRACTIVE	☐ VANTAGE	☐ GREY	☐ BROWN

PROGRESSIVE PACKAGE PRICING (CHECK BOX)		SINGLE VISION STOCK LENSES (CHECK BOX)	
☐ KODAK UNIQUE W/ CLEAN AND CLEAR AR	☐	☐ SV ASPH POLY RESOLUTION W/ CERIUM AR (-8 TO +3 UP TO -2 CYL)	☐
☐ DIRECT TECH W/ CLEAN AND CLEAR AR	☐	☐ SV POLY W/ CRIZALAR (-3 TO +2 UP TO -1 CYL)	☐

LENS TYPE	LENS MATERIAL	ADD ON'S	SPECIAL NOTES & INSTRUCTIONS

FRAME INFORMATION														
MANUFACTURER					NAME/SHAPE					COLOR				
A	DBL	TEMPLE	B	ED	☐	PLASTIC	☐	METAL	☐	GROOVE	☐	DRILL		
					☐		☐		☐		☐			

The Lab Order

- Pupillary Distance Measurement (Distance and/or Near)
- Optical Center Measurement
- Lens Design (Single Vision, Bifocal, Progressive, etc.)
- Lens Material
- Segment Style
- Segment Height
- Lens Options, including AR, Tint (Color and Degree of tint), etc.
- Frame Size and Information
 - Manufacturer, style, shape, color, and measurements
- How will the frame arrive?
 - Frame to come
 - Lab supplied
 - Lenses only
- Lens Types
 - Finished lenses are lenses that will be ground and fit to the frames at the lab.
 - Uncut lenses are very large lenses ground with the distance and near powers in them that will be cut in the office.
- Special Instructions

PROVIDER NAME & ACCOUNT NUMBER										DATE OF SERVICE											
OPTICIAN																					
PATIENT NAME (FIRST, MIDDLE, LAST)																					
POWER										PRISM				SEG HEIGHT		OC HEIGHT		DIST PD		NEAR PD	
R																					
L																					
	SPHERE	CYL	AXIS	ADD	IN	OUT	UP	DOWN													
☐	CR39	☐	POLY	☐	TRIVEX	☐			1.56 BLU TECH	☐	1.60	☐	1.67	☐	1.74						
										☐ TRANSITIONS											
☐	CLEAR	☐	GREY	☐	BROWN	☐	XTRACTIVE	☐	VANTAGE	☐	GREY	☐	BROWN	☐ POLARIZED							
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LENS TYPE					LENS MATERIAL					ADD ON'S					SPECIAL NOTES & INSTRUCTIONS						
MANUFACTURER										FRAME INFORMATION											
										NAME/SHAPE											
										COLOR											
A	DBL	TEMPLE	B	ED	☐	PLASTIC	☐	METAL													
					☐	GROOVE	☐	DRILL													

The Lab Order

- Other instructions
 - Use only one job per order.
 - Always make it clear what you are specifically ordering.
 - Accuracy is critical.
 - Double check all information that is necessary on the forms.
 - Do not include any information on the form that is not necessary. This only confuses the lab.
 - Write legibly!
 - Send the form to the laboratory. This can be performed in a variety of methods, including online, fax, telephone, or mailed.
 - Keep a copy of the order in the office for reference.

Any Questions???
