

RGP ORDER FORM

LENS TYPE

BASE LENS BASE LENS + SPECIALTY LENS PREMIUM SPECIALTY

DATE _____ LOCATION _____ DR. _____ PATIENT _____

ACCOUNT #: _____

MANUFACTURER

ABB OPTICAL CONFORMA ART OPTICAL METRO OPTICS TRU-FORM

SYNERGEYES KONTOUR OTHER _____

DESIGN

SV BITORIC FRONT TORIC BACK TORIC TANGENT STREAK NO-LINE

ROSE K DYNA-Z OTHER _____

MATERIAL

FP 30 FP60 BOSTON EO BOSTON XO BOSTON EQ PARAGON HDS 58

OTHER _____

PARAMETERS

COLOR _____ DOT OD: YES _____ NO _____ PLASMA COATING: YES _____ NO _____

K'S OD _____ SPECTACLE RX OD _____

K'S OS _____ SPECTACLE RX OS _____

OR

B.C. OD _____ POWER OD _____

B.C. OS _____ POWER OS _____

DIAMETER OD _____ DIAMETER OS _____

SPECIAL INSTRUCTIONS:

RGP CONTACT LENS ORDERS

DESCRIPTION OF RGP'S AND HOW TO DETERMINE PATIENT CHARGE:

BASE LENS: SINGLE VISION SPHERICAL RGP IN ALL MATERIALS. INCLUDES LENTICULAR, ROLL & POLISH, TRICURVE/HEAVY BLEND AND ASPHERIC SINGLE VISION.

PATIENT PRICE IS \$99.00 PER LENS.

BASE LENS +: FRONT TORIC, BACK TORIC, BI-TORIC, REVERSE GEOMETRY OR EARLY KERATOCONUS. ALSO INCLUDES MENICON Z THIN.

PATIENT PRICE IS \$159.00 PER LENS

SPECIALTY LENS: NO-LINE BIFOCAL OR ADVANCED KERATOCONUS. INCLUDES ROSE-K, LIFESTYLE HI-RIDER, TANGENT STREAK NO-LINE BIFOCAL.

PATIENT PRICE IS \$180.00 PER LENS

PREMIUM SPECIALTY LENS: SEGMENTED BIFOCAL

PATIENT PRICE IS \$215.00 PER LENS

OTHER SPECIALTY LENSES PLEASE CALL CENTRAL FOR PRICING

JAMI: X 1326