



CSC LABORATORIES, INC.

180 WESTGATE DRIVE • WATSONVILLE, CALIF. 95076 • PHONE: (831) 763-6931 • FAX: (831) 763-6938

VISIT OUR WEBSITE OR ORDER ONLINE AT: WWW.CSCLABS.COM • EMAIL: CSC_INFO@EARTHLINK.NET

TOLL FREE
PHONE (800) 288-2721
FAX (800) 888-3291

DATE IN
TRAY NUMBER
DATE OUT

PLASTIC POLYCARBONATE HI-INDEX _____ GLASS EDGED UNCUT

	SPHERE	CYLINDER	AXIS	DIST DEC.	PRISM	BASE CURVE		
D I S T	R							
	L							
A D D	R	S E G H T	R	P D	DIST.	NEAR	INSET	TOTAL DEC.
	L		L		L			

BIFOCAL
CIRCLE: D25 D28 D35 D45
EXECUTIVE
ROUND 22 24

TRIFOCAL
CIRCLE: D 7X25 D 7X28 D 8X35

PROGRESSIVE

SPECIAL INSTRUCTIONS

COLOR

SLAB OFF

- CLEAR
- PHOTOGRAY EXTRA
- TRANSITIONS:
 - GREY BROWN
- POLARIZED:
 - GREY BROWN
- TINT: _____

- VARILUX COMFORT
- VARILUX PANAMIC
- VARILUX ELLIPSE
- VARILUX LIBERTY
- ESSILOR NATURAL
- ESSILOR OVATION
- TOTAL VIEW
- ZEISS GRADAL TOP
- ZEISS GRADAL BREVITY

- CRIZAL AR COAT
- CRIZAL Alizé AR COAT
- ENDURA AR COAT
- MILLENIA AR COAT
- OTHER Specify _____
- SCRATCH COAT 1
- SCRATCH COAT 2
- UV
- POLISH EDGES
- PREMIUM PACK

- TYPE**
- ZYL RIMLON
 - METAL DRILLED RIMLESS
 - _____

- FDA TESTING**
- DRESS HARDEN
 - INDUSTRIAL HARDEN

FRAME	SUPPLY	ENCLOSED	TO COME	LENS ONLY
MANUFACTURER	NAME OR NUMBER		COLOR	

EYE SIZE	BOX SIZE	DBL	TEMPLE SIZE
A _____ xB _____	xED _____ xCIRC _____		

PATIENT'S NAME _____
DOCTOR'S NAME AND ADDRESS _____

FRAME WAIVER
I AM AWARE THAT I AM USING MY OWN FRAME AND WILL NOT HOLD MY DOCTOR, OFFICE STAFF OR CSC RESPONSIBLE FOR DAMAGE UPON INSERTION OR ADJUSTMENT
DATE: _____
PT. SIGNATURE _____

REDO
PREVIOUS INVOICE # _____
DATE: _____ DR. REDO
 WARRANTY REDO LAB REDO

- SOLA ONE
 - SOLA MAX
 - SOLA PERCEPTA
 - SOLA ACCESS
 - SOLA VIP
 - SOLA XL
 - AO EASY
 - AO COMPACT
 - KODAK CONCISE
 - KODAK PRECISE
 - RODENSTOCK LIFE XS
 - RODENSTOCK LIFE II
 - SEIKO PROCEED
 - SEIKO PROCEED SHORT
 - YOUNGER IMAGE
 - OTHER: _____
- SPECIFY: _____