

TRAY NO.	METHOD OF PAYMENT [] CREDIT CARD [] PURCHASE ORDER	JOB NO.	Rx _____ OF _____
INSTITUTION : _____ CITY : _____ STATE : _____ ZIP : _____ CONTACT PERSON : _____ PHONE NUMBER : _____ FAX : _____	FEDERAL CORRECTIONAL INSTITUTION FPI/UNICOR OLD NORTH CAROLINA HWY 75 BUTNER, NC 27509 CUSTOMER SERVICE: (919) 575-2050 FAX: (919) 575-6280 or (919) 575-6433	LINE ITEM NUMBER :	

PATIENT NAME: _____			PATIENT NUMBER: _____		
LENSES:			LENS MATERIAL		
FRAME:			<input type="checkbox"/> Plastic		
EXTRA:			<input type="checkbox"/> Polycarbonate		
EXTRA:			*TRANSITIONS		
EXTRA:			<input type="checkbox"/> POLY. TRANS.		
EXTRA:			<input type="checkbox"/> PLASTIC TRANS.		
TOTAL:			*Includes UV & Scratch Coats		
			TINT (CIRCLE/CHECK ONE) COLOR: _____ DEGREE OF TINT : 1 = LIGHT <input type="checkbox"/> 2 = MED. <input type="checkbox"/> 3 = *DARK* <input type="checkbox"/> *PLASTIC ONLY*		
			SOLID *GRADIENT* ^UV: <input type="checkbox"/> ^Scratch Coat: <input type="checkbox"/> {* PLASTIC ONLY*; ^ INCLUDED WITH POLY}		

		SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	TRIFOCAL	PROGRESSIVE
DISTANCE	R						7 X 28 <input type="checkbox"/>	NO- LINE <input type="checkbox"/>
	L						7 X 35 <input type="checkbox"/>	Includes scratch coats
BIFOCAL POWER	SEGMENT INSTRUCTIONS		PUPILLARY WIDTH (PD)			STRAIGHT TOP		OTHER :
	ADD	HEIGHT	DIST. NEAR					
	R	R	R					
	L	L	L					
		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Must Have: PD (ALWAYS) Segment Ht. w/ Bifocal </div>						
FRAME STYLE		COLOR		EYE SIZE		BRIDGE SIZE		TEMPLE LENGTH/STYLE
								PLASTIC TEMPLE <input type="checkbox"/> METAL-CORE TEMPLE <input type="checkbox"/>

SPECIAL INSTRUCTIONS :

- [] LENSES ONLY
- [] FRAMES ONLY
- [] SIDESHIELDS (SAFETY FRAMES ONLY):
 - [] DETACHABLE/CLIP-ON
 - [] PERMANENT

DOCTOR SIGNATURE _____ DATE _____