



HOMER OPTICAL Co., Inc. ENDURA

By Vantage®

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ARRIVAL DATE		HOMER TRAY NO.		PATIENT NAME / TRAY NO.			HI INDEX <input type="checkbox"/> 1.60 INDEX <input type="checkbox"/> 1.66 INDEX <input type="checkbox"/> ULTRA 170 SV <input type="checkbox"/> 1.54 SPECTRALITE <input type="checkbox"/> 1.55 ORMEX POLYCARBONATE <input type="checkbox"/> STANDARD <input type="checkbox"/> RESOLUTION <input type="checkbox"/> TEGRA <input type="checkbox"/> TRIVEX (TRILOGY)		
EDGED <input type="checkbox"/>		UNCUT <input type="checkbox"/>		GLASS <input type="checkbox"/> CLEAR <input type="checkbox"/> PGX <input type="checkbox"/> OTHER			PLASTIC <input type="checkbox"/> CR 39 <input type="checkbox"/> POLARIZED <input type="checkbox"/> GREY <input type="checkbox"/> BROWN		
LENS STYLE							TRANSITIONS <input type="checkbox"/> GREY <input type="checkbox"/> BROWN <input type="checkbox"/> XTRA-ACTIVE SUN SENSORS <input type="checkbox"/> GREY 1.56 <input type="checkbox"/> BROWN 1.56 <input type="checkbox"/> SCRATCH COAT <input type="checkbox"/> UV 400 PLASTIC TINT <input type="checkbox"/> SOLID <input type="checkbox"/> GRADIENT <input type="checkbox"/> DBL. GRADIENT COLOR: _____ % _____		
R OD	SPHERE	CYLINDER	AXIS	PRISM	BASE	DECENTRATION			
	L OS								
PD	DISTANCE NEAR	ADD	SEG / O.C. HEIGHT	SEGMENT WIDTH	INSET	TOTAL INSET			
R									
L									
A	DBL	B	ED	C SIZE	LAB TO SUPPLY FRAME	FRAME IS ENCLOSED	FRAME IS TO FOLLOW	PATTERN IS TO FOLLOW	TRACING FROM ARCHIVE
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRAME MANUFACTURER		MODEL / SHAPE / PATTERN			COLOR	<input type="checkbox"/> ZYL <input type="checkbox"/> METAL <input type="checkbox"/> DRILL <input type="checkbox"/> GROOVE <input type="checkbox"/> FACET			
						AR COATING <input type="checkbox"/> VANTAGE <input type="checkbox"/> ZEISS SUPER ET <input type="checkbox"/> CRIZAL <input type="checkbox"/> ZEISS GOLD ET <input type="checkbox"/> ENDURA BY VANTAGE			
SPECIAL INSTRUCTIONS:					TRACING: 180 _____ N				
BILL TO:									
ACCOUNT # _____									
ACCOUNT NAME: _____					INTERNAL USE				
SHIP TO: (IF DIFFERENT) _____					SI _____ FI _____				