



**SHANNON OPTICAL**

300 Mt. Lebanon Blvd., Unit 15, Castle Shannon, PA 15234  
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 Fax: (412) 257-4400, Toll Free Fax: 1-800-781-6692

**RX NUMBER:**

Ship To:

Order Date:

P.O. Number:

Bill To:

Date Received:

Tray Number:

Name:

I.D. Number:

Dist.	Sphere	Cylinder	Axis	Prism	Base	Distance	<sup>PD.</sup> Near
Right							
Left							

	Add for Near	Seg. Ht.	Width	Inset	Tot. Dec.
R					
L					

Polycarbonate <input type="checkbox"/>	Plastic <input type="checkbox"/>	Trivex <input type="checkbox"/>	Hi Index <input type="checkbox"/>	Glass <input type="checkbox"/>
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Bifocals 25 <input type="checkbox"/> 28 <input type="checkbox"/>	Trifocals 25 <input type="checkbox"/> 28 <input type="checkbox"/>	Double Segs <input type="checkbox"/>	Progressive <input type="checkbox"/>
Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Clear <input type="checkbox"/> Style _____

Coatings	Transitions	Side Shields	Special Instructions
<input type="checkbox"/> Scratchguard <input type="checkbox"/> Super Scratchguard <input type="checkbox"/> UV 400 <input type="checkbox"/> Anti-Reflective <input type="checkbox"/> Anti-Reflective/Scratchguard <input type="checkbox"/> Anti-Fog <input type="checkbox"/> Crizal	<input type="checkbox"/> Gray <input type="checkbox"/> Brown <hr/> <b>Tints</b> <input type="checkbox"/> Gray 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> Rose 1 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> Polarized <input type="checkbox"/> Photochromic	<input type="checkbox"/> Removable <input type="checkbox"/> Permanent <hr/> <b>Miscellaneous</b> <input type="checkbox"/> Roll <input type="checkbox"/> Polish <input type="checkbox"/> Lenses Only <input type="checkbox"/> Frame Enclosed <input type="checkbox"/> Case Enclosed C-Size _____	

Frame Number	Color	Eye Size	Bridge	Frame Mfg.

Professional Name:

Payment Method

Telephone:

Address:

Payment Enclosed

City:

State:

Zip: