

Delivery Address		Invoice Address	Customer ref.
Company			
Name			
Street / No.			
Postal Code/Town			
Country			
Patient Details		Additional Information	Customer ref.
Order date			
Family name			
First name			
Patient number			
Plant			
Order number			
Add. information		Field reserved for INFIELD Safety	

Office eyewear															
Material	Type								Coating				Colour/Degression ²		
	Single Vision	Bifocal	Progressive	Office Monitor	Office 2m	Office Room	Office Deg. ²		OSC	BPR	Optifog ³		Brown	Grey	10/15/30/60/75/85
															_____ %
															Degression 0,75-2,25dpt in 0,25 steps
1,6															
1,67		≠								≠					
Phototrop 1,6 ¹		≠		≠	≠	≠	≠		≠	≠			_____ dpt		

Frame			
☐	INFIELD Frame		
☐	Other frame Model	Colour	Size



Accessories (standard case „Hardbox small“)			
☐	Belt case	☐	Spectacles cord
☐	Belt box	☐	Spectacles safety cord
		☐	Sports head cord

Completion aid	
☐	Please select/check!
≠	Combination not possible!
1	Select colour!
3	Optifog only possible on single vision and progressive lenses!
Optifog	HC + SAR + AF
OSC	HC + SAR + Clean coating
BPR	OSC + blue protect

Data for lenses						
By ordering progressive, office or bifocal glasses please specify the data for far and near (or addition).						
Data	Sphere	Cylinder	Axis	Prism	Basis	Far pupil distance
Far R						R: _____ L: _____
Far L						Segment / Grinding height
Near R						R: _____ L: _____
Near L						Addition:
☐ Eye test	Notes				Service provider	