



# Luzerne Optical Laboratories, Ltd.

"With an Eye on Service and Quality!"

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# No.

**Please List Account #, Name & Address**

Acct. #: \_\_\_\_\_

LABORATORY USE ONLY	
TRAY NO.	
DATE REC'D	
DATE NEEDED	

Rx Date \_\_\_\_\_

Patient Name \_\_\_\_\_

REDO Reason? \_\_\_\_\_

Uncut	Edged	Mail to Patient <input type="checkbox"/> Yes <input type="checkbox"/> No
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Plastic CR-39 Clear	Poly Clear	Hi-Index Plastic index _____	Hi-Index Aspheric index _____	Trivex	SunActives Color: _____	TheraBlue index _____	Glass index _____
Transitions Color: _____ Material: _____				Polarized ( <input type="checkbox"/> Check Here If Polar365 ) Color: _____ Material: _____			Color: _____

	Sphere	Cylinder	Axis	Distance PD/Dec.	Near PD/Inset	Total Dec.	Prism
RIGHT							
LEFT							

Progressive/Multifocal Style	Add	Seg/Fit.Ht	Special Instructions
RIGHT			
LEFT			

Base Curve	Tints / Colors	Scratch Coatings	Edge Treatments	AR COATINGS
RIGHT		<input type="checkbox"/> Scratch Coat Std. <input type="checkbox"/> Scratch Coat (Back) <input type="checkbox"/> L2YR <input type="checkbox"/> Advanced TC <input type="checkbox"/> TD2	<input type="checkbox"/> Camouflage Color # _____ <input type="checkbox"/> Polish Edge <input type="checkbox"/> Roll & Polish <input type="checkbox"/> UV 400	<input type="checkbox"/> PVAR <input type="checkbox"/> EVC <input type="checkbox"/> AGT Advanced <input type="checkbox"/> AGT Advanced Gold <input type="checkbox"/> AGT Plus <input type="checkbox"/> AGT Plus Gold <input type="checkbox"/> AGT <input type="checkbox"/> AGT Gold <input type="checkbox"/> Glacier PLUS <input type="checkbox"/> Crizal Sapphire HR <input type="checkbox"/> Crizal Prevencia UV <input type="checkbox"/> Crizal Rock <input type="checkbox"/> Crizal Easy Pro <input type="checkbox"/> Crizal Alizé UV <input type="checkbox"/> Crizal Easy <input type="checkbox"/> Crizal Xperio UV <input type="checkbox"/> BlueScreen <input type="checkbox"/> Crizal with Optifog
LEFT				

Frame Enclosed	Frame Lab Supply	Frame To Follow	Edged Lenses Only C Size: _____	Pattern to Follow	Tracing to Follow	ROYAL MIRRORS Check One: <input type="checkbox"/> Standard <input type="checkbox"/> Ultimate			
Frame Manufacturer				Wrap	Zyl	Metal	Drill	Groove	Check One: <input type="checkbox"/> Royal Blue Mirror <input type="checkbox"/> Royal Silver Mirror <input type="checkbox"/> Royal Gold Mirror
Frame Name				Frame Color					
Uncuts	A _____	B _____	ED _____	DBL _____					
Eye Size	Bridge Size	Temple Style & Length							
<input type="checkbox"/> CHECK HERE IF THIS IS A CHEMISTRIE CLIP-ON ORDER (see additional order sheet)							Lenses _____		
Your Premier Laboratory for In-House Digital FreeForm Lenses							Frame _____		
							Frame Disc. _____		
							S&H _____		
							Invoice Charge _____		
							Total _____		