

**P.O.L. SAFETY**  
 THE ULTIMATE IN OPTICS  
 2014 West Bender Road  
 Milwaukee, Wisconsin 53209  
 (414) 228-9295  
 800-877-8355 • FAX 414-228-1871

DATE \_\_\_\_\_ TRAY \_\_\_\_\_

NAME \_\_\_\_\_ CLOCK NO. \_\_\_\_\_

OCCUPATION \_\_\_\_\_ DEPT. \_\_\_\_\_ SHIFT \_\_\_\_\_

		SPHERE	CYLINDER	AXIS	PRISM	BASE	B. C.
D I S T A N C E	R						
	L						
A D D	R		DECENTER DISTANCE	SEGMENT DISPLACEMENT	TOTAL DECENTRATION	SEGMENT SIZE	
	L		R L	R L	R L	HIGH	WIDE
N E A R	R		<b>COMPUTER ONLY DISTANCE ONLY READING ONLY</b>				
	L						

PUPILLARY WIDTH		EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH		
DISTANCE	NEAR			GLASS	POLYCARBONATE	PLASTIC
			INDUSTRIAL PROTECTIVE LENSES	CIRCLE TYPE LENS		

<b>SIDE SHIELDS</b>		<input type="checkbox"/> CHECK BOX TO CONFIRM PATIENT HAS BEEN ADVISED OF BENEFITS AND DETRIMENTS OF EACH TYPE OF LENS.
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> DETACHABLE	
<b>FRAME</b>		
<b>COLOR:</b>		
<b>PADS:</b>	FIXED      ADJUSTABLE	SINGLE VISION      DOUBLE SEGMENT
<b>TEMPLE:</b>	SPATULA (SKULL)      CABLE	FLAT TOP      PROGRESSIVE
		TRIFOCAL 7 x 28      KRYPTOK
<b>RX BY</b>	<b>DATE</b>	<b>OTHER</b> _____

P.O. #	TINTS			UV	
		VELVET LITE (Pink)	1	2	ASC
<b>AUTH. BY:</b>	CONTRA GLARE (Green)	1	2	3	ARC

<b>COMPANY ADDRESS:</b>	<b>PRICE</b>
<b>DELIVER TO:</b>	
<b>BILL TO:</b>	