Ordering form for lenses Alcom

Company stamp:

Customer No.: Date:

Commission: Deadline:

User name (for the warranty Card):

Order type: Standard ☐ Edging ☐ Glazing ☐ Complete glasses ☐ Calculation request ☐

Remark:

Lenstype/EDV-Code: ∅R: elliptic ☐ ∅L: elliptic ☐ optimal diameter ☐

Design (Magic): Normal ☐ Indoor ☐ Outoor ☐ Colour: Coating:

Additional treatments:

		Sph	Cyl	Axe	Add.	Prism1*	Basis1	Prism2	Basis2	PD	Height
Far	R										
	L										

*Split prisms ☐ Matching of the prismatic vertical differences ☐

		Sph	Cyl	Axe	Near-PD	Near-Height	Degression
Near	R						
	L						

		Sph	Cyl	Axe
middle distance	R			
	L			

Frame Base curve: dpt

Producer: Model: Colour:

Frame: enclosed ☐ will be sent: ☐

☐ Full frame: Min. edge thickness: _____ mm (Standard 1.0mm)

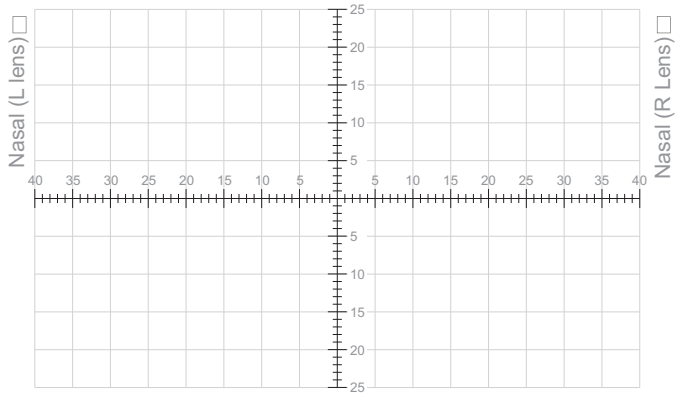
☐ Rimless grooved: Min. edge thickness: _____ mm (Standard 1.8mm)

☐ Rimless drilled: Min. lens thick. on hole: _____ mm (Standard 2.0, Trivex 1.2)

☐ Polishing

☐ Lens thickness equalization by Anisometropy

Box width	Box height	DBL



- By changed shape please write new dimensions. Centering data should relate on new shape.
- Please enter holes, notches and form modification in the drawing.
- Lens thickness on marked point: mm

Individual Parameters	Remarks
Vertex corrective frame: R: L: mm (Standard 14)	
Vertex refraction frame: R: L: mm (Standard 14)	
Pantoscopic angle: ° (Standard 9)	
Reading distance: cm (Standard 35)	
Frame wrap angle: ° (Standard 5)	
Progression lenght: mm	
Inset R: mm L: mm Inset: R: % L: %	
Initials engraving: (up to 5 characters)	

Alcom d.o.o. e-mail: order@alcom.info fax: +386 4 2011 580

More information about ordering per fax and e-mail: www.alcom.info/ordering

ALCOM 25 YEARS OF OPHTHALMIC TECHNOLOGY

ISO 9001 BUREAU VERITAS Certification N° SL14961Q