ILLUCO

Beyond the Vision

Prescription Form for Loupes

Clinic:

Name: E-mail:

Address: Phone:

1. Model:

2. Prescription Lens: *Additional Cost is required. Please check the ADD when over 40 years old.*

	SPH	CYL	AXIS	ADD
R				
L				

3. Working Distance: _____ **cm**

4. Pupil Distance: *If you use Optikam(digital measurement), you don't need to fill out. Far PD is prioritized.*

Distance	Right (PDR)	Left (PDL)	Total (PD)
Far (Cm)			

5. Frame:

Frame1 (Black/Coffee):
All Loupes

Sports Frame:
Galilean or Flip-up Only

Frame 4 (Black/Coffee/Orange):
All Loupes

6. Engraving on the Case/Loupes: *Maximum 12 Letters including spaces*

_____

7. Headlight:

Model	Color	Additional Battery	Accessory

8. Customer Image: *Please attach front and side photos if you are not using digital measurement.*

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