

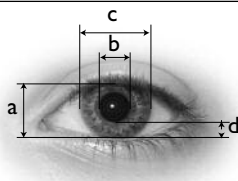
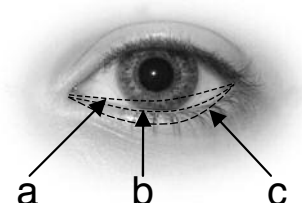
Absender :

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Kd.-Nr : Tel : Anpasser :

Kommission :

Rechtes Auge		Linkes Auge
Sph	Refraktion	Sph
Cyl	HSA : mm	Cyl
A		A
.....	Addition
r1 Achse	Hornhautradien	r1 Achse
r2 Achse		r2 Achse
Bisherige Linse :		Bisherige Linse :
Produkt :		Produkt :
Parameter :		Parameter :
..... mm	Höhe Lidspalte (a) mm
..... mm	Pupillendurchmesser (b) mm
..... mm	Irisdurchmesser (c) mm
..... mm	Höhe Unterlid zu unterem Pupillenrand (d)	
<input type="checkbox"/> a	Position Unterlid	<input type="checkbox"/> a
<input type="checkbox"/> b		<input type="checkbox"/> b
<input type="checkbox"/> c		<input type="checkbox"/> c
<input type="checkbox"/> fest <input type="checkbox"/> normal <input type="checkbox"/> locker	Lidspannung	<input type="checkbox"/> fest <input type="checkbox"/> normal <input type="checkbox"/> locker
Material : Boston : <input type="checkbox"/> ES <input type="checkbox"/> EO <input type="checkbox"/> XO <input type="checkbox"/> XO2 Contamac : <input type="checkbox"/> Optimum 65 <input type="checkbox"/> Optimum 100 <input type="checkbox"/> Optimum 125		