



QUEST OPTICAL SPECIALTY LAB

DATE IN	CUSTOMER ID	CUSTOMER TRAY # OR PATIENT NAME	QUEST TRAY #	LENS TYPE	MATERIAL	EDGED ?

	SPH	CYL	AXIS	PRISM AMOUNT	PRISM DIRECTION	ADD POWER	SEG HEIGHT	DISTANCE P. D.	NEAR P. D.
RIGHT EYE:									
LEFT EYE:									

	A	B	ED	DBL	FRAME TYPE				
					METAL	ZYL	DRILL	NYLON	OTHER
FRAME DATA									

	HARD COAT	AR		TINT		OTHER
		QUESTAR	REFL. FREE	COLOR	TYPE	
ADD ONS						

SPECIAL INSTRUCTIONS



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