



Cantor Prosthetic Order Form

ACCOUNT #: _____ ACCT NAME: _____ ORDERED BY: _____

PATIENT NAME: _____ DATE: _____

OD

BASE CURVE: _____ DIAMETER: _____ IRIS SIZE: _____

.1 MM STEPS

12.5 STANDARD

SPHERE: _____ CYLINDER: _____ AXIS: _____

BACKING TYPE: CIRCLE BELOW

PUPIL TYPE: CIRCLE BELOW

PUPIL SIZE: _____

(B) BLACK BACK

(C) CLOSED PUPIL

4.5 STANDARD

(C) CLEAR BACK

(O) OPEN PUPIL

COLOR: 02 04 06 07 09 10 11 12 13 14 21 22 23 24 25 26 27 28 29 30

OS

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FOR LENS FITTING GUIDE GO TO: WWW.AVTLENS.COM/CANTOR-PROSTHETIC-2/

BY SIGNING THIS FORM, YOU ACKNOWLEDGE LENSES ARE NON-WARRANTED /
NON-RETURNABLE THEREFORE ALL SALES ARE FINAL.

X

Printed Name

X

Signed Name

X

Date

PLEASE FAX OR EMAIL BACK AT EITHER 303-384-1124 OR ORDERS@AVTLENS.COM