



Nissel Custom Order Form

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

PATIENT NAME: _____ DATE: _____

OD

.1 MM STEPS

BASE CURVE: _____ SPHERE: _____ DIAMETER: _____

CYLINDER: _____ AXIS: _____ IRIS SIZE: _____

PUPIL TYPE: CIRCLE BELOW

(C) CLOSED PUPIL

(O) OPEN PUPIL

PUPIL SIZE: 4.0 STANDARD

12.0 STANDARD

STOCK COLOR OPTIONS:

COLOR: _____ **OR SEND IN PICTURES TO AVTLENSLAB@GMAIL.COM**

PLEASE SEE ADDITIONAL PAGE ON HOW TO TAKE PROPER PICTURES

OS

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X

Printed Name

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

X

Signed Name

X

Date