



ORDER FORM

To order, please complete this form and return it via email to orders@gelflex.com , or fax to (03) 9793 1635.

REQUIRED	Practice Name:		Acct #:	
	Order Placed By:		Patient Name:	
	<input type="checkbox"/> Zenlens™ Scleral Lens		<input type="checkbox"/> Zen™ RC Scleral Lens	
	<input type="checkbox"/> New Order		<input type="checkbox"/> Remake	
	OD		OS	
		DIAMETER		
		PROLATE or OBLATE (If ordering Zenlens)		
		BASE CURVE		
		LENS POWER		
		SAG		
	APS			
	IF TORIC APS HORIZONTAL/VERTICAL			
	LCD (Standard if left blank)			
	MATERIAL (Default is Boston® XO)			
	CLEAR or ICE BLUE (Default is CLEAR)			
	ADDITIONAL OPTIONS:			
	FLEX CONTROL			
	CENTER THICKNESS			
	MICROVAULT™ INFORMATION:			
	MV DIAMETER (Width)			
	MV VAULT (Height)			
	MV AXIS			
	MV DECENTRATION (Half of lens diameter puts center of MV at lens edge)			

SPECIAL INSTRUCTIONS/ADDITIONAL NOTES: