



# ORDER FORM

To order, please complete this form and return it via email to [consultation@aldenoptical.com](mailto:consultation@aldenoptical.com), or fax to (800) 899-5612.

<b>REQUIRED</b>	<b>Practice Name:</b>		<b>Acct #:</b>			
	<b>Order Placed By:</b>		<b>Patient Name:</b>			
	<input type="checkbox"/> Zenlens™ Scleral Lens		<input type="checkbox"/> Zen™ RC Scleral Lens		<input type="checkbox"/> New Order	<input type="checkbox"/> Remake
	<input type="checkbox"/> Zen™ Multifocal		<input type="checkbox"/> Zen™ Multifocal			
	<b>OD</b>				<b>OS</b>	
			DIAMETER			
			PROLATE or OBLATE (If ordering Zenlens)			
			BASE CURVE			
			LENS POWER			
			SAG			
		APS				
		IF TORIC APS: horizontal/vertical				
		NOTE ROTATION (if any)				
		LCD (Standard if left blank)				
		MATERIAL (Default is Boston XO®)				
		CLEAR or ICE BLUE (Default is CLEAR)				
		<b>MULTIFOCAL INFORMATION:</b>				
		ADD POWER				
		ADD ZONE SIZE				
Please indicate dominant eye and pupil size:						
		<b>ADDITIONAL OPTIONS:</b>				
		FLEX CONTROL				
		CENTER THICKNESS				
		<b>MICROVAULT™ INFORMATION:</b>				
		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: *If you would like expedited shipping for your order (Overnight or Two-Day vs. Ground), please indicate that here.*

Please call Consultation if you have any questions or need assistance with your order at (800) 253-3669.