



ORDER FORM

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

Practice Name: _____ **Acct #:** _____ **Date:** _____

Order Placed By: _____ **Patient Name:** _____

Zenlens™ Scleral Lens

Zen™ Multifocal scleral lens for presbyopia
Tangible® Hydra-PEG® technology

Zen™ RC Scleral Lens

Zen™ Multifocal scleral lens for presbyopia
Tangible® Hydra-PEG® technology

New Order

Remake

	OD	OS		OD	OS
MATERIAL (Default is Boston XO® material)			APS Quad (Specify axis 0/90/180/270)		
BASE CURVE			IF TORIC APS: horizontal/vertical		
DIAMETER			NOTE ROTATION (If any)		
PROLATE or OBLATE (If ordering Zenlens™)			MATERIAL (Default is Boston XO® material)		
SAG			CLEAR or ICE BLUE (Default is CLEAR)		
APS					

LENS POWER **OD** **OS**

MULTIFOCAL INFORMATION

ADD POWER					
ADD ZONE SIZE					
Please indicate dominant eye and pupil size:					

ADDITIONAL OPTIONS:

FLEX CONTROL			CENTER THICKNESS		
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MICROVAULT™ TECHNOLOGY

MV DIAMETER (Width)			MV AXIS		
MV VAULT (Height)			MV DECENTRATION (Half of lens diameter puts center of MV at lens edge)		

FITTING NOTES:

OD	OS

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.