



ORDER FORM - LeenLens



Account Name:

Date:

Patient Name:

Invoice:

Order :

Warranty

Trial Set ID:

R

Trial Lens Parameters

Materials

Contamac

Plasma treatment

Over-refraction

B.V.D :12mm

Sag.
BC
Dia.
Sph.

L

Trial Lens Parameters

Materials

Contamac

Plasma treatment

Over-refraction

B.V.D :12mm

Sag.
BC
Dia.
Sph.

Zone 1: **Central Zone** Modify clearance

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Zone 2: **Mid-periphery Zone** Modify clearance

Zone 2: **Mid-periphery Zone** Modify clearance

Zone 3: **Limbal Zone** Modify clearance

Zone 3: **Limbal Zone** Modify clearance

Zone 4: **Landing Zone** Modify clearance

Zone 4: **Landing Zone** Modify clearance

Edge Customization

Edge Customization

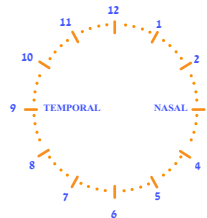
- 1- Location to Change
- 2- Location to Change
- 3- Location to Change
- 4- Location to Change

- 1- Location to Change
- 2- Location to Change
- 3- Location to Change
- 4- Location to Change

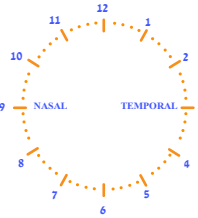
Peripheral Notches

Peripheral Notches

- 1- Location width Depth
- 2- Location width Depth



- 1- Location width Depth
- 2- Location width Depth



Notes :

Notes :

Save and send the file to the e-mail : info@smt-lens.com

OR

Save and press here to 00962 7 9094 5800