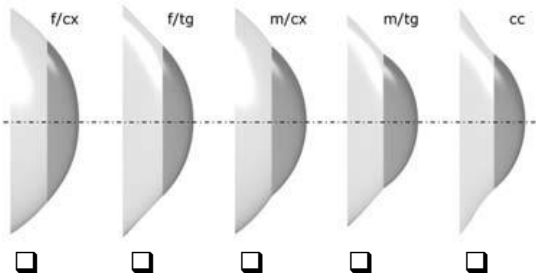
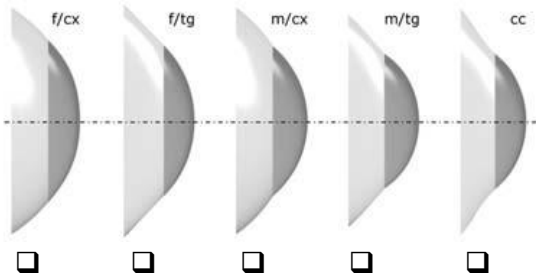
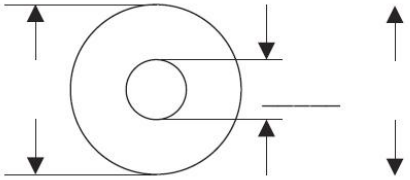
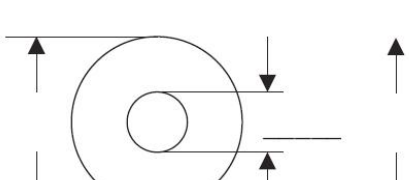


Bestellung von: Commande de:						Referenz: Référence:					
						Datum/Date:					
	R / D					L / G					
Refraktion: Réfraction:	sph	cyl	A	Vcc	δ	sph	cyl	A	Vcc	δ	
Hornhautdaten: Donnés de Cornea:	Radien / Rayons: rh: _____ mm A _____ rv: _____					Radien / Rayons: rh: _____ mm A _____ rv: _____					
CSP: Profil cornéo- scléral:	CSP cranial <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  CSP caudal					CSP cranial <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  CSP caudal					
Lidposition: Position des paupière:	<u>Lidposition einzeichnen</u> <u>Position paupière à marquer</u>  Ø Hornhaut max. _____ mm Ø cornée max. _____ mm					<u>Lidposition einzeichnen</u> <u>Position paupière à marquer</u>  Ø Hornhaut max. _____ mm Ø cornée max. _____ mm					
Multifokal: Multifocale:	Addition: _____		Führungsauge / Oeil directeur : <input type="checkbox"/>			Addition: _____		Führungsauge / Oeil directeur : <input type="checkbox"/>			
Material: Matière:	BG 60 <input type="checkbox"/>	G3X <input type="checkbox"/>	G4X <input type="checkbox"/>	G5X <input type="checkbox"/>	Weiss/blanc <input type="checkbox"/>	BG 60 <input type="checkbox"/>	G3X <input type="checkbox"/>	G4X <input type="checkbox"/>	G5X <input type="checkbox"/>	Weiss/blanc <input type="checkbox"/>	
					Blau/bleu <input type="checkbox"/>					Blau/bleu <input type="checkbox"/>	
Bemerkungen: Remarques:											