

## KeraSoft® IC Full Periphery Order Form

Account Number: \_\_\_\_\_ Patient Reference: \_\_\_\_\_

Lens Material: SiH/77%

Right Lens	BCOR (mm)	Diameter (mm)	Periphery	Power	Cyl	Axis	BVD
Prescription of trial/Previous Lens *							
Over Refraction							
Laser Mark	Compensated for in order: Yes/No *			**Rotation: ° Clockwise/Anti-Clockwise			

Left Lens	BCOR (mm)	Diameter (mm)	Periphery	Power	Cyl	Axis	BVD
Prescription of trial/Previous Lens*							
Over Refraction							
Laser Mark	Compensated for in order: Yes/No *			**Rotation: ° Clockwise/Anti-Clockwise			

\*Delete as applicable

\*\* If rotation is greater than 20 degrees please recheck the fit

**Office Use Only:**

Final Prescription of Ordered Lens

Order No:

	BCOR (mm)	Diameter (mm)	Periphery	Power	Cyl	Axis
Right Lens						
Left Lens						

