

SPECTACLE INSPECTION

Date: _____

Re: _____

Concern / Comments: _____

OD

Sphere: _____
Cylinder: _____
Axis: _____
Prism: _____

F1: _____
F2: _____
Warpage: _____

Lens Material: _____
Lens Design: _____
PAL Design: _____
Aspheric: _____
Lens Coatings: _____
Lens Index: _____
Condition Of Lens: _____
Tint: _____

Segment Height: _____
Optical Center: _____
DBC: _____
Distance PD: _____
Near PD: _____
Center Thickness: _____

Face Form: _____
Pantoscopic Tilt: _____

Date Prescribed: _____
Date Purchased: _____
Location Purchased: _____

Inspected By: _____

OS

Sphere: _____
Cylinder: _____
Axis: _____
Prism: _____

F1: _____
F2: _____
Warpage: _____

Lens Material: _____
Lens Design: _____
PAL Design: _____
Aspheric: _____
Lens Coatings: _____
Lens Index: _____
Condition Of Lens: _____
Tint: _____

Segment Height: _____
Optical Center: _____
DBC: _____
Distance PD: _____
Near PD: _____
Center Thickness: _____