BAUSCH + LOMB

Zenlens® Order Form

To order, complete this form and click "Email Your Order" to email this PDF as an attachment to svp.consultation@bausch.com. This form may also be printed and faxed to (716) 937-3303. Please call Consultation if you have any questions or need assistance with your order at (800) 253-3669.

Date: _____

1 Practice Details

Practice Name: _____

Account #: _____

Email Address: _____

Order Placed By: _____

Patient Name: _____

MAILING INFORMATION

○ Office Address ○ Patient Address

Shipping Address: _____

Shipping Address 2: *(if applicable)* _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: ○ United States ○ Canada

2 Lens Specifications

MATERIAL
○ Boston XO® | ○ Boston XO$_2$® | ○ ***Other material?*** *(Please specify)*
COLOR/TINT
○ Clear (default) | ○ Ice Blue

	OD	OS
DX LENS USED		
Record information from vial cap, e.g. ZT-2		
TANGIBLE® Hydra-PEG® COATING		
	☐	☐
HVID		
Enter in millimeters (if applicable)	mm	mm
BASE CURVE		
Enter in millimeters	mm	mm

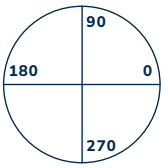
Lens Specifications - Continued

	OD	OS
LENS DIAMETER		
Make selection. *If "**16.0**" or "**17.0**", select Prolate or Oblate below.*	◯ 14.8 mm ◯ 16.0 mm ◯ 15.4 mm ◯ 17.0 mm	◯ 14.8 mm ◯ 16.0 mm ◯ 15.4 mm ◯ 17.0 mm
↳ Prolate	◯	◯
↳ Oblate	◯	◯
SAGITTAL DEPTH		
***HINT:** Ideal clearance @ 20 minutes:* *– 16/17 mm ~ 300-350 um* *– 14.8/15.4 mm ~ 200-250 um* *Ideal clearance @ 4 hours:* *– 16/17 mm ~ 150-200 um* *– 14.8/15.4 mm ~ 100-150 um*	microns	microns
SAGITTAL DEPTH FOR BI-ELEVATION		
↳ Horizontal	microns	microns
↳ Vertical	microns	microns
LENS POWER		
(all diagnostic lenses are -2.00)		
OVER-REFRACTION		
***HINT:** If CYL in OR is .75 or less, consider using spherical equivalent.*		

APS

*APS range includes Standard, Steep-10 to Steep-1, and Flat+1 to Flat+20. Reference the diagram to the right and complete the appropriate values below. **Input number of steps that you'd like to steepen or flatten in each meridian (1 step = 30 microns).***

For example: Flat 2 = Flatten by 60 microns



	OD		OS	
↳ **Spherical peripheral curves**	◯		◯	
Steep or flat				
↳ **Toric peripheral curves**	◯		◯	
0°/180° (Hash meridian)				
90°/270° (Dot meridian)				
Note rotation *(if any)*	degrees		degrees	
Rotation direction *(if any)*	◯ Clockwise ◯ Counter-clockwise		◯ Clockwise ◯ Counter-clockwise	
↳ **Quadrant-specific peripheral curves**	◯		◯	
	0°	**180°**	**0°**	**180°**
	90°	**270°**	**90°**	**270°**
Note rotation *(if any)*	degrees		degrees	
Rotation direction *(if any)*	◯ Clockwise ◯ Counter-clockwise		◯ Clockwise ◯ Counter-clockwise	

	OD	OS
LCD		
***HINT:** Ideal clearance @ 4 hours ~ 50-100 um.* *Can increase or decrease (5 um increments) up to +/- 300 um*	microns	microns
FLEX CONTROL		
+ 'plus' to increase thickness in high minus *- 'minus' to decrease thickness in high plus*		

3 Is MicroVault™ required?

○ Yes ○ No

○ Single MicroVault™ ○ Double MicroVault™

If "Yes", complete inputs below. If "No", skip and proceed to next section. If only one eye needs a MicroVault™, skip the MV1/MV2 fields for the other eye.

	OD		OS	
DECENTRATION				
Distance from center of lens to center of MicroVault™ (half of lens diameter puts MicroVault™ at lens edge)	MV1	MV2	MV1	MV2
	mm	mm	mm	mm
AXIS				
0-360 degrees	MV1	MV2	MV1	MV2
	degrees	degrees	degrees	degrees
DIAMETER				
	MV1	MV2	MV1	MV2
	mm	mm	mm	mm
DEPTH				
	MV1	MV2	MV1	MV2
	microns	microns	microns	microns

4 Is multifocal required?

○ Yes ○ No

If "Yes", complete inputs below. If "No", skip and proceed to next section.	OD	OS
INDICATE DOMINANT EYE		
	○	○
ADD POWER		
NEAR ZONE DIAMETER		
AVERAGE PUPIL DIAMETER		
	mm	mm

5 Special Instructions

Please indicate any requests for expedited shipping (overnight) or any other specific needs for your order.

EMAIL YOUR ORDER

RESET PATIENT INFORMATION

Your order form will be sent as an attachment in your preferred email application.

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