



*Tested by: _____

*Location: _____

*Date:

*Diopters:

seeing far

reading

Left eye:

Right eye:

*Pupil distance: 0 1 2 3 4 5

Customer information:

*Name: _____

*Gender: M F *Age: _____

Address: _____

E-mail: _____

Phone no.: _____

***Selling price:**

Occupation: _____

**Mandatory information*



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