

# PTOSIS PROP ORDER FORM

Complete and return this form along with the spectacles to be modified to the address below.  
Once the modifications have been made, spectacles will be returned by post to the address supplied.

## CONTACT DETAILS

NORVILLE ACCOUNT No. ....

NAME .....

COMPANY .....

ADDRESS .....

POSTCODE .....

EMAIL .....

TELEPHONE .....

ORDER DATE DD MM YY .....

CUSTOMER Ref. ....

## SPECIAL INSTRUCTIONS

### PREFERRED PROP TYPE

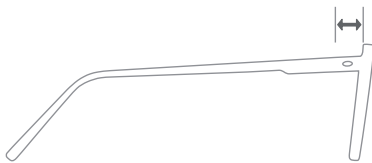
Tick required Prop and gauge option where applicable.

#### PROP

#### GAUGE OPTION

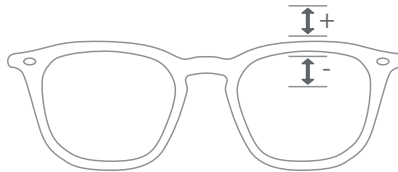
- |  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> LUNDIE LOOP ..... | <input type="checkbox"/> STD 0.76 | <input type="checkbox"/> LIGHT 0.60 |
| <input type="checkbox"/> HALF LOOP .....   | <input type="checkbox"/> STD 0.76 | <input type="checkbox"/> LIGHT 0.60 |
| <input type="checkbox"/> NYLON LOOP        |                                   |                                     |
| <input type="checkbox"/> 3D PRINTED BAR    |                                   |                                     |

## FITTING DISTANCES



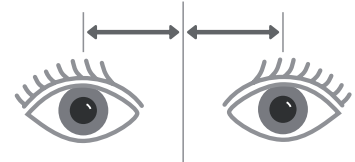
HORIZONTAL FITTING DISTANCE

(R) \_\_\_\_ mm (L) \_\_\_\_ mm



VERTICAL FITTING DISTANCE

(R) \_\_\_\_ mm (L) \_\_\_\_ mm



PUPIL DISTANCE

(R) \_\_\_\_ mm (L) \_\_\_\_ mm

## NOTES

## IMPORTANT INFORMATION

- Plastic frames must have a minimum 3mm vertical and 4mm horizontal substance at the upper nasal and temporal regions.
- No titanium frames please.
- Measure and record the PD and the vertical position of the fitted prop in relation to the HCL or top rim of the frame.

## RETURN FORM AND SPECTACLES TO:

Norville (20/20) Ltd,  
Waterwells Drive,  
Gloucester GL2 2AA