

Prescription for Illuco **TTL Galilean** Surgical & Dental Loupes

To be completed by your Optometrist prior to customisation

Once completed return this form to info@ausderm.com



Name:

Address:

Height (cm):

Your Clinic:

1. Magnification: 2.5x 3.0x 3.5x WIDE

2. Prescription Lens

	SPH	CYL	AXIS	ADD
R				
L				

3. Working Distance: (WD) 35-55cm:

4. Pupil Distance (PD)

	Right (PDR)	Total (PD)	Left (PDL)
WD cm			
WD 40cm			

5. Frame Colour: PINK BLACK SILVER

6. Front and side photograph at your WD: Yes, I have attached this as a JPEG with this form

7. Declination Angle: Pre-set at 24 degrees: Customisation on request:

