

## Prescription for Illuco **Flip-Up Galilean** Surgical & Dental Loupes

To be completed by your Optometrist prior to customisation

Once completed return this form to [info@ausderm.com](mailto:info@ausderm.com)



Name:

Address:

Height (cm):

Your Clinic:

1. Magnification: 3.5x

### 2. Prescription Lens

	SPH	CYL	AXIS	ADD
R				
L				

3. Working Distance: (WD) 37-47cm: 37cm 42cm 47cm

### 4. Pupil Distance (PD)

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

5. Frame/Loupe Colour: PINK/WHITE BLACK/BLACK SILVER/BLACK

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

7. Case Engraving - please provide name to be engraved:

