



ORDER FORM

To order, please complete this form and return it via email to consultation@bausch.com, or fax to (800) 899-5612.

Practice Name: _____ **Acct #:** _____ **Date:** _____

Order Placed By: _____ **Patient Name:** _____

Zenlens™ Scleral Lens
 Zen™ Multifocal scleral lens for presbyopia

Zen™ RC Scleral Lens
 Zen™ Multifocal scleral lens for presbyopia

New Order
 Remake

	OD	OS
MATERIAL (Default is Boston XO® material)		
CLEAR or ICE BLUE (Default is CLEAR)		
TANGIBLE® HYDRA-PEG® TECHNOLOGY		
BASE CURVE		
DIAMETER		
PROLATE or OBLATE (If ordering Zenlens™)		
SAG		
APS (if spherical) (standard if left blank)		
If TORIC APS (horizontal/vertical)		
If QUAD APS (specify axis 0/90/180/270)	0 90 180 270	0 90 180 270
LCD (standard if left blank) (+ to increase, - to decrease)		

LENS POWER OD	
LENS POWER OS	

MICROVAULT™ TECHNOLOGY	OD	OS
DECENTRATION (in mm: half of lens diameter puts MV @ lens edge)		
AXIS (0-360 degrees)		
DIAMETER (in mm: size of circle)		
HEIGHT (in microns)		

MULTIFOCAL INFORMATION	OD	OS
Please indicate dominant eye and pupil size:		
ADD POWER		
ADD ZONE SIZE		

ADDITIONAL OPTIONS	OD	OS
FLEX CONTROL (+ 'plus' to increase thickness in high minus, - 'minus' to decrease thickness in high plus)		

SPECIAL INSTRUCTIONS/ ADDITIONAL NOTES

If you would like expedited shipping for your order (Overnight or Two-Day vs. Ground), indicate that here.

Please call Consultation if you have any questions or need assistance with your order at (800) 253-3669.