



# ORDERING TEMPLATE

To order, please complete this form and return it via email to consultation@bausch.com, or fax to (800) 899-5612. Please call Consultation if you have any questions or need assistance with your order at (800) 253-3669.

|   |  |   |
|---|--|---|
| <b>Practice Name:</b> _____   | <b>Acct #:</b> _____   | <b>Date:</b> _____  |
| <b>Order Placed By:</b> _____   | <b>Patient Name:</b> _____   |   |
| <input type="checkbox"/> <b>Zenlens™ Scleral Lens</b><br><input type="checkbox"/> Zen™ Multifocal scleral lens for presbyopia | <input type="checkbox"/> <b>Zen™ RC Scleral Lens</b><br><input type="checkbox"/> Zen™ Multifocal scleral lens for presbyopia | <input type="checkbox"/> <b>New Order</b><br><input type="checkbox"/> <b>Remake</b> |

|   | OD  | OS  |     |   |    |     |     |     |     |  |
|---|---|-----|-----|---|----|-----|-----|-----|-----|--|
| 1. DIAGNOSTIC LENS (Z or ZRC #, include "T" if Toric APS trial used)  |   |     |     |   |    |     |     |     |     |  |
| 2. In Microns, Increase or Decrease Central Sagittal Depth?<br>HINT: Ideal clearance @ 20 minutes Zenlens ~ 300-350 um,<br>ZenRC ~ 200-250 um<br>Ideal clearance @ 4 hours Zenlens ~ 150-200 um,<br>ZenRC ~ 100-150 um  |   |     |     |   |    |     |     |     |     |  |
| 3. How much limbal clearance is there 360?<br>HINT: Ideal clearance @ 4 hours ~ 50-100 um.<br>Can increase or decrease (5um increments) up to +/- 300 um  |   |     |     |   |    |     |     |     |     |  |
| 4. Did the fit require placing a Toric APS lens diagnostic?<br>If NO, please skip to step 6. If YES, please record rotation Axis in degrees. <b>YES NO</b><br>HINT: Please specify if you are referencing the HASH or DOT<br>when describing rotation. APS changes are in steps (1 step = 30 um)<br>Changes, in steps, to HASH meridian<br>Changes, in steps, to DOT meridian |   |     |     |   |    |     |     |     |     |  |
| 5. Do you require a Quadrant Specific APS?<br>If NO, please skip to step 6. <b>YES NO</b>   |   |     |     |   |    |     |     |     |     |  |
| If QUAD APS (specify axis 0/90/180/270)   | <table border="1"> <tr> <td>0</td> <td>90</td> <td>0</td> <td>90</td> </tr> <tr> <td>180</td> <td>270</td> <td>180</td> <td>270</td> </tr> </table> | 0   | 90  | 0 | 90 | 180 | 270 | 180 | 270 |  |
| 0   | 90  | 0   | 90  |   |    |     |     |     |     |  |
| 180   | 270   | 180 | 270 |   |    |     |     |     |     |  |
| 6. Over-Refraction (All Diagnostic lenses are -2.00)<br>HINT: If CYL in OR is .75 or less, would you like spherical equivalent?   |   |     |     |   |    |     |     |     |     |  |
| 7. MATERIAL (Default is Boston XO® material) or Boston XO2®   |   |     |     |   |    |     |     |     |     |  |
| 8. CLEAR or ICE BLUE (Default is CLEAR)   |   |     |     |   |    |     |     |     |     |  |
| 9. FLEX CONTROL<br>(+ 'plus' to increase thickness in high minus, -- 'minus' to decrease thickness in high plus)  |   |     |     |   |    |     |     |     |     |  |
| 10. Add Tangible® Hydra-PEG® coating technology? <b>YES NO</b>  |   |     |     |   |    |     |     |     |     |  |

**SPECIAL INSTRUCTIONS/ ADDITIONAL NOTES**  
*If you would like expedited shipping for your order (Overnight or Two-Day vs. Ground), indicate that here.*

| <b>MICROVAULT™ TECHNOLOGY</b>                                   | 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)   |    |    |

| <b>MULTIFOCAL INFORMATION</b>                | OD | OS |
|--|----|----|
| Please indicate dominant eye and pupil size: |    |    |
| ADD POWER                                    |    |    |
| ADD ZONE SIZE                                |    |    |