

Ihre Daten

Datum: _____
 Kundennr.: _____
 Kommission: _____

Ansprechpartner: _____
 Telefonnummer: _____
 E-Mail-Adresse: _____
 Firmenanschrift: _____
Firmenname _____
Straße, Nr. _____
PLZ, Ort _____

Refraktionswerte

	Ø	SPH	ZYL	ACHSE	ADD 1	ADD 2	PRISMA 1	BASIS 1	PRISMA 2	BASIS 2
R										
L										

Produktauswahl

Option	Glasart	Index	EDV	Veredelung
1				
2				
3				
4				

Zentrierdaten

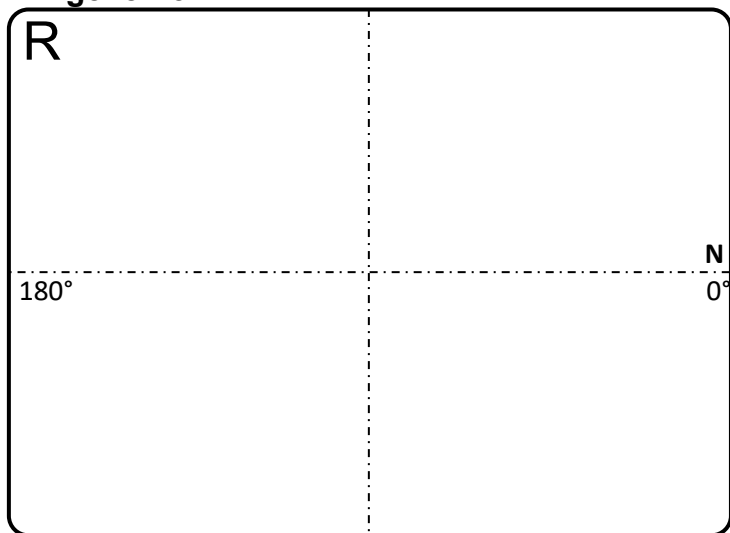
	PD	ESH	HSA	HSA neu	Inset	FSW	VN
R							
L							

Breite (a): _____
 Höhe (b): _____
 Stegweite (d): _____

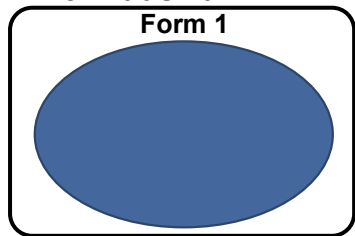
PMZ-Fall
 Formel-Fall
 Einschleifservice

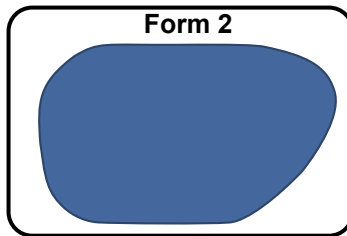
Eigene Form

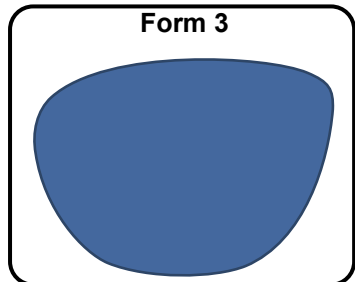
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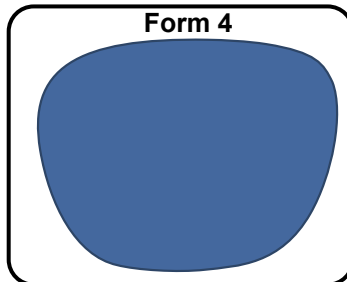


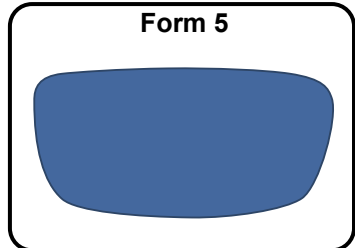
Formauswahl

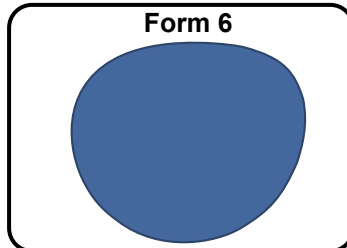
Form 1 

Form 2 

Form 3 

Form 4 

Form 5 

Form 6 

Anmerkungen
