

## Prescription for Illuco TTL Galilean Surgical & Dental Loupes

To be completed by your Optometrist prior to customisation

Please forward to your Capes Medical Representitive on completion



Dr. Name:

Address:

Height (cm): Your Clinic:

**1. Magnification:** 2.5x 3.3x WIDE

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

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

4. Pupil Distance (PD)

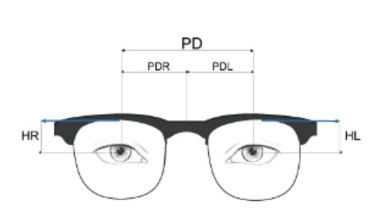
|    |      | Right (PDR) | Total (PD) | Left (PDL) |
|----|------|-------------|------------|------------|
| WD | cm   |             |            |            |
| WD | 40cm |             |            |            |

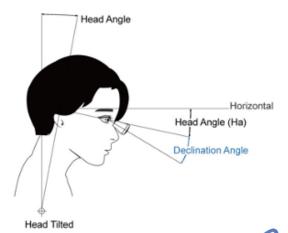
**5. Frame Colour:** BLACK

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

7. Prescription Lens (Only complete if you require your spectacle prescription added to the loupes. Additional Cost per Eye applies)

|   | SPH | CYL | AXIS | ADD |
|---|-----|-----|------|-----|
| R |     |     |      |     |
| L |     |     |      |     |







## **Declination Angle**

The angle that your eyes are inclined downward toward the work area is the declination angle. Declination angle should be steep, enough to help you attain a comfortable working position with minimal forward head posture.

| Please forward to your Capes Medical Repre | esentitive on co | mpletion |                            |  |
|--|------------------|----------|----------------------------|--|
| Dr. Name:                                  |                  | Date:    |                            |  |
| Dealer:                                    |                  |          |                            |  |
| Dealer Rep Name:                           |                  |          |                            |  |
| When doing aprocedure, are you normally    | Standing         | Seated   | (Please tick one box only) |  |
| Front view image                           |                  |          | Side view image            |  |

