

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)

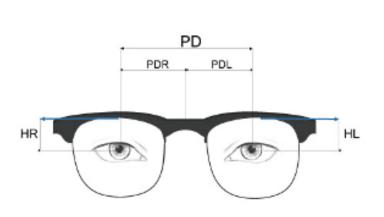
		Right (PDR)	Total (PD)	Left (PDL)
WD	cm			
WD	40cm			

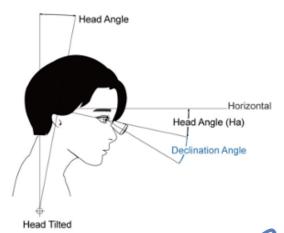
5. Frame Colour: BLACK

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.

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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

