

BESTELFORMULIER



| | |
|------------------|--|
| Referentie Klant | Stempel opticien |
| | JUMA (10015960) DRIFTWEG 15 8420 DE HAAN |

Bestelling
 Dikteberekening
 Montage DC

| | EDP Code | ∅ | Kleur | Coating | Sfeer | Cilinder | As | Additie | Prisma | Basis |
|----|----------|---|-------|---------|-------|----------|----|---------|--------|-------|
| RO | | | | | | | | | | |
| LO | | | | | | | | | | |

FP METINGEN:

Afstand oog - brillenglas

Inclinatiehoek van het montuur (0° - 25°)

Krommingshoek van het montuur (0° - 25°)

Leesafstand cm

| <table border="1" style="width: 100%;"> <tr> <th colspan="2">Montuur gegevens</th> </tr> <tr> <td>A:</td> <td>B:</td> </tr> <tr> <td>E:</td> <td>C:</td> </tr> </table> <p>Montuur & montagegegevens in boxing formaat</p> <table border="1" style="width: 100%;"> <tr> <th colspan="2">Montage gegevens</th> </tr> <tr> <td>PDr:</td> <td>PDI:</td> </tr> <tr> <td>Hr:</td> <td>HI:</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th colspan="3">Type montage</th> </tr> <tr> <td><input type="checkbox"/> Nylon</td> <td><input type="checkbox"/> Metaal</td> <td><input type="checkbox"/> Glasbril</td> </tr> <tr> <td><input type="checkbox"/> Cellulo</td> <td colspan="2"><input type="checkbox"/> RIM</td> </tr> </table> <p>Opmerkingen:</p> | Montuur gegevens | | A: | B: | E: | C: | Montage gegevens | | PDr: | PDI: | Hr: | HI: | Type montage | | | <input type="checkbox"/> Nylon | <input type="checkbox"/> Metaal | <input type="checkbox"/> Glasbril | <input type="checkbox"/> Cellulo | <input type="checkbox"/> RIM | | <table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">RECHTER OOG</th> <th style="width: 50%;">NEUS</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th colspan="2">Gewenste minimum dikte</th> </tr> <tr> <td>Aan de rand:</td> <td><input type="text"/> <input type="text"/> <input type="text"/> / 10mm</td> </tr> </table> | RECHTER OOG | NEUS | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Gewenste minimum dikte | | Aan de rand: | <input type="text"/> <input type="text"/> <input type="text"/> / 10mm |
|--|---|-----------------------------------|----|----|----|----|------------------|--|------|------|-----|-----|--------------|--|--|--------------------------------|---------------------------------|-----------------------------------|----------------------------------|------------------------------|--|---|-------------|------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|--|--------------|---|
| Montuur gegevens | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A: | B: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E: | C: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Montage gegevens | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PDr: | PDI: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hr: | HI: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type montage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Nylon | <input type="checkbox"/> Metaal | <input type="checkbox"/> Glasbril | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cellulo | <input type="checkbox"/> RIM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECHTER OOG | NEUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gewenste minimum dikte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aan de rand: | <input type="text"/> <input type="text"/> <input type="text"/> / 10mm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SENSITIVITY PARAMETERS:

Verzicht
gevoeligheid

Nabijzicht
gevoeligheid

Vorig design