

Ptosis bar order form

(Please attach to your order sheet)

Practice name: _____

Practice Phone number: _____

Patient reference: _____

Frame brand and model: _____

Measurements:

A: Outer distance from frame front to eye socket: _____ mm

B: Width of bar: _____ mm

C: Inner distance from frame front to eye socket: _____ mm

D: Distance from bridge to starting point of bar: _____ mm



Left eye

Right eye