**Scheda per acquisto lenti da vista**

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| **Nome e Cognome del socio**: |  |
| **Codice azienda**: |  | **Codice Ced**: |  |

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| **Nome e Cognome del beneficiario**: |  |
| **Numero fattura o scontrino parlante**: |  | **Data**: |  |

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**OCCHIALE DA VISTA**

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| **Difetto visivo corretto**

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|  lente destra |  | lente sinistra |
| SFERA | CIL. | ASSE | ADD. | s.D.I |  | SFERA | CIL. | ASSE | ADD. | s.D.I |
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**Dettaglio lenti**

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| **Famiglia lenti** |  | monofocale |  |  | media distanza |  |  | progressiva |  |  |

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| **Costo montatura**: | € | oppure | Montatura di proprietà del cliente |  |
|  |  |  |  |
| **Costo lente destra**: | € | **Costo lente sinistra**: | € |

**è obbligatorio allegare il certificato di conformità** |

**LENTI A CONTATTO**

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| **Difetto visivo corretto**

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| --- | --- | --- |
| lente destra |  | lente sinistra |
| SFERA | CIL. | ASSE | ADD. |  | SFERA | CIL. | ASSE | ADD. |  |
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**Dettaglio lenti**

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| Durata lenti |  | giornaliere: |  |  | quindicinali |  |  | mensili |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | trimestrali |  |  | semestrali |  |  | annuali |  |  |

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| **Marca:** |  | **numero confezioni** |  | **Numero lenti** |  | **Costo**  | **€** |

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| Data |  | Timbro e firma dell’ottico |
|  |  |  |