**Scheda per acquisto lenti da vista**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Nome e Cognome del socio**: | | |  | | | | **Codice azienda**: |  | **Codice Ced**: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Nome e Cognome del beneficiario**: |  | | | | | | **Numero fattura o scontrino parlante**: | |  | **Data**: |  | |

**OCCHIALE DA VISTA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Difetto visivo corretto**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | lente destra | | | | |  | lente sinistra | | | | | | SFERA | CIL. | ASSE | ADD. | s.D.I |  | SFERA | CIL. | ASSE | ADD. | s.D.I | |  |  |  |  |  | L |  |  |  |  |  | |  |  |  |  |  | M |  |  |  |  |  | |  |  |  |  |  | V |  |  |  |  |  |   **Dettaglio lenti**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Famiglia lenti** |  | monofocale |  |  | media distanza |  |  | progressiva |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Costo montatura**: | € | oppure | | Montatura di proprietà del cliente | | |  | |  |  |  | | |  | | | | **Costo lente destra**: | € | | **Costo lente sinistra**: | | | € | |   **è obbligatorio allegare il certificato di conformità** |

**LENTI A CONTATTO**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Difetto visivo corretto**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | lente destra | | | | |  | lente sinistra | | | | | | SFERA | CIL. | ASSE | ADD. |  | SFERA | CIL. | ASSE | ADD. |  | |  |  |  |  |  |  |  |  |  |  |   **Dettaglio lenti**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Durata lenti |  | giornaliere: |  |  | quindicinali |  |  | mensili |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | trimestrali |  |  | semestrali |  |  | annuali |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Marca:** |  | **numero confezioni** |  | **Numero lenti** |  | **Costo** | **€** | |

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