

Candidato/a ottico/a AFC

Cognome, Nome: _____ Candidato no.: _____

Pass degli occhiali

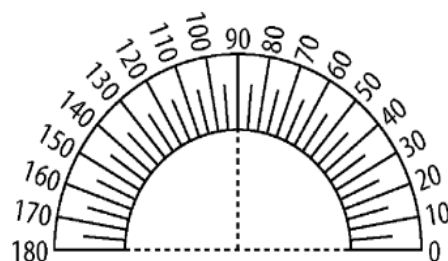
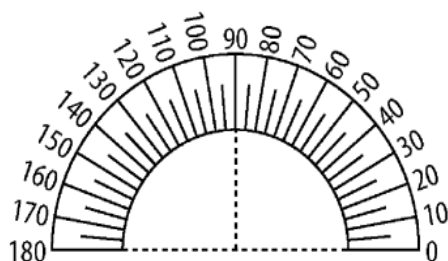
Cognome, Nome:

		Sph	Cyl	Asse	Prisma	Base	Visus
Lontano:	D						
	S						
Vicino:	D						
	S						

Delta / DOL

D:

S:



Lenti:

Montatura:

Data:

DP_D: mm

DP_S: mm