

# Bespoke frame prescription

Shop\* :  NAME + first name of the wearer\* :

Date\* :  /  /20  Name of the prescribing optician\* :

\* mandatory

Following the new European regulations on the traceability of medical devices, this form must be completed **for every order**.

You can choose to fill in the "measurements on the wearer" zone with precise measurements, taken with a ruler, rhinometer and cephalometer, or the second "frame dimensions" zone. You can, in case of doubt, complete both pages.

## Measurements on the wearer

( with rhinometer and cephalometer, rule)

TYPE OF MEASUREMENT	INFORMATIONS	RIGHT	LEFT
Canthus distance	=Internal to external canthus distance in mm	<input type="text"/>	
Pupillary distance Far PD	In mm	<input type="text"/>	<input type="text"/>
Near PD	In mm	<input type="text"/>	<input type="text"/>
Front Angle	In degrees	<input type="text"/>	<input type="text"/>
Splay angle	In degrees	<input type="text"/>	<input type="text"/>
Crest angle	In degrees	<input type="text"/>	
Nose n	in mm	<input type="text"/>	
Sphenoid width	= Ideal lenses size in mm ( in theory)	<input type="text"/>	
Temple width	= Ideal frame size in mm ( in theory)	<input type="text"/>	
Head width	In mm	<input type="text"/>	
Temples lenght	Straight temples, from screw to opposite side	<input type="text"/>	
Color ( cf color chart)	<a href="#">Acetate color chart</a> et <a href="#">Horn color chart</a>	<input type="text"/>	
Notes	<input type="text"/>		

## Desired frame dimensions

Please fill in all the boxes of the first OR of the second table

<b>OBVIOUS DIMENSIONS ( in mm) = without measuring the bezel</b>		
A'	Lenses length in mm	<input style="width: 90%;" type="text"/>
B'	Lenses height in mm	<input style="width: 90%;" type="text"/>
D'	Nose width in mm	<input style="width: 90%;" type="text"/>
Overall length Lt	In mm	<input style="width: 90%;" type="text"/>
Overall height Ht	In mm	<input style="width: 90%;" type="text"/>
H	Height " bottom of bridge - ISO line" mm	<input style="width: 90%;" type="text"/>
<b>TEMPLES DIMENSIONS ( in mm)</b>		
Total length L	Straight temples, from screw to spatula in mm	<input style="width: 90%;" type="text"/>
COLOR( S)	<a href="#">Acetate color chart</a> et <a href="#">Horn color chart</a>	<input style="width: 90%;" type="text"/>
Notes	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	

In order to take care of our environment by not using raw materials unnecessarily, we suggest that you send you the BAL creations case only if you wish.

I would like to receive the BAL Créations folding case with the frame



I prefer to use a case of my own brand

I, the undersigned\*,  declares that the specific needs of the wearer cannot be achieved, or the appropriate level of performance cannot be achieved by any other device available on the market.

Signature and stamp\* :

Form to be returned by email to [contact@balcreations.com](mailto:contact@balcreations.com)  
Or by Post to BAL Créations, Le Landon, 23600 ST MARIEN (FRANCE)

## Help to fill the form

You can complete either the first page or the second, but also choose to complete the entire form, the more complete it is, the easier it is to use the data.

Several scenarios :

**1 We have to draw a model on the wearer.**

⇒ Complete **page 1** and provide indications on the types of shapes the wearer would like or photos of "idea" frames + provide photos of the wearer according to **protocol 1**.

*OR*

⇒ Use a frame that technically fits the wearer ( size, nose) to fill out page 2 with the measurements of the frame to be made + provide photos of the wearer according to **protocol 2**.

Send the form by post with the technical frame.

Upon receipt, we make different designs, to be validated with the wearer. A prototype is sent to validate the dimensions and shape.

**2 A standard frame shape is suitable for the wearer but there is a need to modify it ( size, shape, color, etc.)**

⇒ Complete **page 2**, noting the measurements of the frame to be manufactured.

Send the form by post with the technical frame.

A prototype will be sent on request only.

**3 The wearer wants an identical remanufacturing / manufacturing according to technical drawing**

⇒ Complete **page 2** based on frame measurements.

Send the file by mail with the frame to reproduce or by mail with the technical drawing.

A prototype will be sent on request only.

Taking pictures: Take a good quality picture of the wearer from a distance greater than 1 meter ( you can use the zoom if necessary. This helps to avoid deformities of the face.

**Protocol 1 :**

- 1 picture full bare face, ears visible
- 1 picture in profile, bare head, ears visible

**Protocol 2 :**

- 1 picture full face with suitable frame
- 1 picture full bare face, ears visible
- 1 picture in profile with suitable frame, ears visible
- 1 picture in profile, bare head, ears visible

for more information



click or scan to  
go to website

The photos of the wearer will only be used for the frame design and will be deleted as soon as the frame is delivered.

Personal data is subject to processing intended only to produce a custom-made medical device. They will never be transferred to third parties. They will be kept securely for a maximum period of 5 years. Frame manufacturing files are kept indefinitely.

We obviously remain at your disposal for any questions!