

**Kandidat/in Augenoptiker/in EFZ**

Name, Vorname: \_\_\_\_\_ Kandidaten Nr.: \_\_\_\_\_

**Brillenpass**

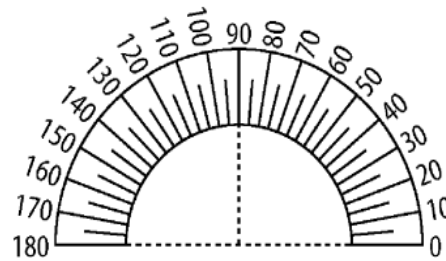
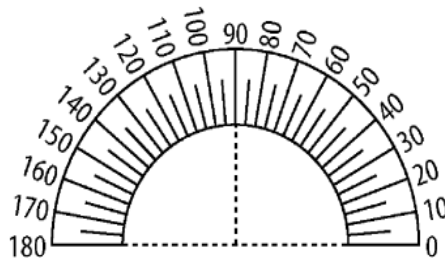
Name / Vorname: .....

		Sph	Cyl	Achse	Prisma	Basis	Visus
<b>Ferne:</b>	<b>R</b>						
	<b>L</b>						
<b>Nähe:</b>	<b>R</b>						
	<b>L</b>						

**HSA**

R: .....

L: .....



**Brillengläser:** .....

**Brillenfassung:** .....

**Datum:** .....

**PD<sub>R</sub>:** ..... mm

**PD<sub>L</sub>:** ..... mm

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