

Candidat-e opticien-ne CFC

Nom, prénom: _____ Candidat-e Nr.: _____

Ordonnance

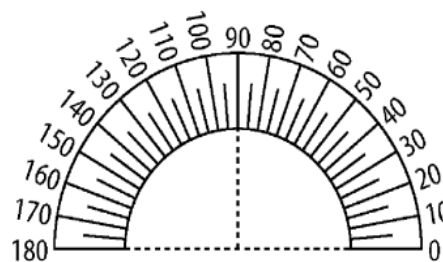
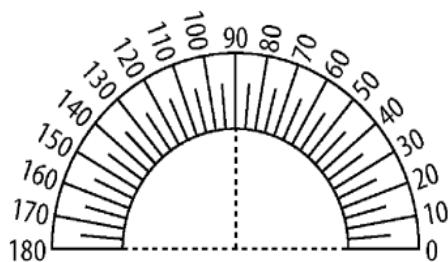
Client-e:

		Sph	Cyl	Axe	Prisme	Base	Visus
Distance:	D						
	G						
Près:	D						
	G						

DVO

D:

G:



Remarques:

Date:

Exécuté par:

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