

Candidat-e Opticien-ne CFC

Nom , Prénom: _____

Candidat-e Nr.: _____

Passeport de lunettes

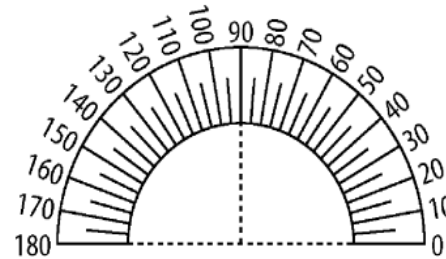
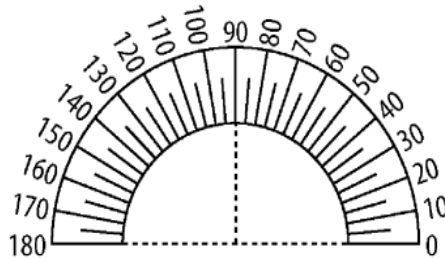
Nom /Prénom:

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

DVO

D:

G:



Verres:

Monture:

Date:

DP_D: mm

DP_G: mm