



Tauchmaske

Firmenstempel

Datum _____

Kommission _____

Kunden-Nr. _____

Ansprechpartner _____

Telefon _____

	Sph	Cyl	A	Add	Prisma	Basis	PD	Höhe
R								
L								

Maske: eigene _____

Nonius

Silikon:

Schwarz

Transparent

Index: 1.5

1.6 (verfügbar je nach Werten)

1.7

1.9

Front:

~~Blau~~

~~Rot~~

Orange

Ferne

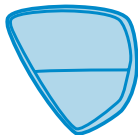
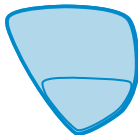
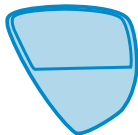
Ferne

Nähe

Bifo

Franklin

Gleitsicht



Anmerkung

