

# PRESCRIPTION EYEWEAR ORDER FORM

COMPANY: \_\_\_\_\_ PO#: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## LENS/RX TYPE

- Plano Bifocal** (PBI)  
 **Single Vision** (SV)  
 **Bifocal** (BIF)  
 **Progressive** (PRG)

## ADD-ONS

- AR Coating\*** (RE-A/R)  
 **Side shields** (RE-SS)

\*Not available for bifocal lenses

	Sphere	Cylinder	Axis	ADD Power
<b>Right Eye (OD)</b>				
<b>Left Eye (OS)</b>				

## PUPILLARY DISTANCE (PD)

\_\_\_\_\_ PD RIGHT    \_\_\_\_\_ PD LEFT    *OR*    \_\_\_\_\_ TOTAL PD

If PBI, BIF or PRG, please provide height: \_\_\_\_\_

## Rx FORMAT

- TABO**  
*(global standard)*
 **INT**

## ADDITIONAL NOTES

## IMPORTANT!

To ensure order accuracy, please include a recent copy of the customer's prescription. *Personal information may be redacted.*