



P.O. BOX 1443
SAGINAW, MI 48605
PHONE 1-800-638-1171

RX ORDER FORM
FAX TO 1-800-806-1663

PLEASE PRINT CLEARLY

DATE: _____

EMPLOYEE NAME: _____

EMPLOYEE #: _____

COMPANY NAME: _____

PLANT #: _____

PROVIDER #: _____

ELIGIBILITY #: _____

SPHERE	CYL	AXIS	PRISM	ANGLE	BASE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADD	SEG HT				
<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>				
		R	PD	L	
		DIST	<input type="text"/>	<input type="text"/>	
		NEAR	<input type="text"/>	<input type="text"/>	

GLASS	<input type="checkbox"/>	SRC	<input type="checkbox"/>
PLASTIC	<input type="checkbox"/>	AR	<input type="checkbox"/>
POLY	<input type="checkbox"/>	UV	<input type="checkbox"/>
TRIVEX	<input type="checkbox"/>	7X28	<input type="checkbox"/>
SV	<input type="checkbox"/>	8X35	<input type="checkbox"/>
D28	<input type="checkbox"/>	DD-28	<input type="checkbox"/>
D35	<input type="checkbox"/>	PROG	<input type="checkbox"/>

ABSORPTIVE TINT

ROSE 1

GRAY 2 3

GREEN 2 3

TRANSITIONS

OTHER COLOR _____

SPECIAL INSTRUCTIONS

FRAME VENDOR	FRAME STYLE	EYE SIZE	BRIDGE	COLOR	TEMPLE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUPPLY	LENSES ONLY	TO COME	ENCLOSED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIDE SHIELDS: DETACHABLE PERMANENT

PAID BY CHECK # _____

PAID BY CREDIT CARD # _____

CO-PAY AMOUNT

\$

Refractionist Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____