

Prescription Glasses Order Form

Please supply the following information:

Single Vision Prescription

	SPHERE	CYLINDER	AXIS	PRISM	BASE	PUPILARY DISTANCE
OD RIGHT EYE						RIGHT
OS LEFT EYE						LEFT

Information needed:

1. Distance Rx Only. Please ensure Rx is current for the year.
2. Pupillary Distance

Reader Only Prescription

1. Add power or Magnification: _____

Select type of reader:

1. Bifocal (bottom part of the lens with add power, top part without prescription)
2. Single Vision (Whole lens will have add power)

Special Instructions (specify if you would like an specific segment height):

Bifocal Prescription / Progressive Prescription

	SPHERE	CYLINDER	AXIS	PRISM	BASE	PUPILARY DISTANCE
OD RIGHT EYE						RIGHT
OS LEFT EYE						LEFT
ADD						

Information needed:

1. Distance Rx Only. Please ensure Rx is current for the year.
2. Pupillary Distance
3. Add Bifocal Power