

**INFORMATION REQUIRED TO PROPERLY FILL YOUR PRESCRIPTION**

BILL TO COMPANY NAME AND ADDRESS  
PURCHASE ORDER OR BLANKET ORDER NUMBER  
EMPLOYEE'S NAME, IDENTIFICATION NUMBER  
SHIP TO NAME AND ADDRESS

**BODY OF PRESCRIPTION**

1. SINGLE VISION
  - a. Distance portion of prescription.
  - b. Distance decentration and/or pupillary distance (PD).
  - c. Plus or minus signs (+ -) must appear on all sphere and cylinder powers.
  - d. All cylinder power must have an axis.
2. BIFOCAL, TRIFOCAL AND DOUBLE SEGMENT BIFOCAL (MULTI-FOCAL)
  - a. In addition to the Single Vision information supplied, for Bifocal be sure "Near" section is filled in with power add.
  - b. Type of Multi-focal.
  - c. Width of Multi-focal.
  - d. Segment height pertaining to type of Multi-focal.
  - e. Segment inset and/or Near PD.
3. SPECIFY LENS MATERIAL (GLASS, PLASTIC, PLASTIC SCRATCH RESISTANCE, POLYCARBONATE)
4. INDICATE TINT IF REQUIRED
5. SPECIFY EXTRAS (UV400), ETC.

**FRAME INFORMATION**

1. FRAME STYLE AND COLOR
  - a. Select correct sizes that apply to frame selected.
    1. eye size
    2. bridge size
    3. temple length
  - b. First choice of Frame Color
  - c. Second choice of Frame Color
  - d. If side shields are required please indicate type.

Note: Sometimes a frame will be back ordered by the Frame Manufacturer. If you would please select a second choice for Color we would be able to avoid long delays.