EAGLE SAFETY

P.O. BOX 20069
LOUISVILLE, KY 40250
(502) 897-5198
(800) 221-2585
(502) 893-7834 FAX

Date

ACCOUNT #

SHIP TO

BILL TO

EMPLOYEE

EMPLOYEE NUMBER

TOTAL NUMBER

CHECK APPROPRIATE INSIDE BOXES FOR STYLE WANTED

CIRCLE TYPE OF INDUSTRIAL SAFETY LENS

GLASS	PLASTIC
☐ STANDARD	☐ STANDARD
☐ HI INDEX	☐ HI INDEX
POLY	S.R. PLASTIC

COATINGS (circle)

UV 400	SCRATCH RESISTANT
ANTI-REFLECTIVE	HYDRO-PHOBIC

BIFOCALS

SINGLE VISION ☐

FLAT-TOP ☐ 25 28 35

EXECUTIVE ☐

RD. SEG. ☐ 22 24

TRIFOCALS

FLAT TOP TRIFOCAL 50% ☐ 25 28 35

EXECUTIVE TRIFOCAL 50% ☐ EXEC

DOUBLE SEG.

EXECUTIVE DOUBLE SEG. ☐ DBL SEG

FLAT TOP DOUBLE SEG. ☐ 25 28 35

SPECIAL INSTRUCTIONS

PROGRESSIVE ☐

TINTS

PINK/ROSE 1 2 3

GREEN 1 2 3

GREY 1 2 3

GRADIENT ☐ YES ☐ NO

TRANSITIONS (PLASTIC ONLY)

PHOTO GREY EXTRA (GLASS ONLY)

		SPH.	CYL.	AXIS	PRISM	BASE	IN (DEC.) OUT
DISTANCE	R						
	L						

		SPH.	SEG. HGT.	SEG. WIDTH	SEG. INSET	TOT. DEC.	P.D.
ADD FOR NEAR	R						DISTANCE / NEAR
	L						
INTER-MEDIATE OR UPPER ADD	R						
	L						

EYE SIZE (CIRCLE)

46 48 49 50 51
52 53 54 55 56
57 58 59 60 61

BRIDGE SIZE (CIRCLE)

12 13 14 15 16 17 18
19 20 21 22 23 24 26

TEMPLES (CIRCLE)

5 1/4 6 1/4cc 130 145
5 1/2 6 1/2cc 135 150
5 1/4 6 1/4cc 130 145
6 7cc

BRIDGE TYPE ☐ UNIFIT ☐ ADJ. NOSE PADS

TYPE SIDE SHIELDS

CLIP ON _____
PERM _____
CLEAR ☐
GREEN ☐
SMOKE ☐

FRAME NAME OR NUMBER	COLOR 1ST CHOICE	COLOR 2ND CHOICE	CASE

PROFESSIONAL SIGNATURE

Who to call for problems
Phone #

MESSAGE TO EMPLOYEE:

Use Polycarbonate lenses whenever possible. They are the safest lenses available at this time. The second choice would be (SR) Scratch Resistant Plastic. The third choice would be plastic lenses and the fourth choice would be glass lenses.

Rx Safety Glasses compounded from this prescription must be delivered to a duly licensed refractionist or to a qualified ophthalmic dispenser for verification of the lenses and proper adjustment PRIOR TO USE BY THE PATIENT. Otherwise, all responsibility for any deleterious effects which may result from inaccurate compounding of this prescription or improper adjustment of the Safety Glasses is disclaimed.

For maximum protection we recommend the use of side shields permanently attached.

MEMORANDUM TO THE OPHTHALMIC PROFESSIONS

This employee requires eye protection. Please complete the enclosed prescription form, keeping in mind this employee's job visual demands. Will you also supply or arrange to supply all necessary measurements so that this Rx may be fabricated without delay? Retain the Professional Copy: please return the balance of the form to the employee to bring back to the plant. Thank you for your cooperation.

COMPLETE INSTRUCTIONS ON FILLING OUT THIS FORM ARE ON THE BACK COPY.

AMERICAN SYSTEMS OF THE SOUTHEAST, COLUMBIA, SC 29211