

Prescription Correctable Eyewear Order Form - Prism / Microscope

Account Name: _____ Account Number: _____

Patient Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

Fax Number: _____ Email: _____ Date: _____

Product:	Lens:		Coating:		Eye:	
#1680-4122 - Prismatic BINO	<input type="checkbox"/>	CR-39 (only)	1.67 <input type="checkbox"/>	Anti-Reflective Coating: Yes <input type="checkbox"/> / No <input type="checkbox"/>		
#1680-54122 - Prismatic BINO	<input type="checkbox"/>	1.74 <input type="checkbox"/>	OD: _____			
#1681-34122 - Prem. Prism - Sm	<input type="checkbox"/>		OS: _____			
#1693-4916 - Prem. Prism - Lg	<input type="checkbox"/>					
#1693-5218 - ClearImage II® Microscope	<input type="checkbox"/>	Optical Glass (only)				
Rx	Sphere	Cylinder	Axis	Prism	Base	Distance PD*
Right:						Right:
Left:						Left:
Add.	Magnification	Bifo. Style	Seg. Hgt.	Base Crv.	MRP	Near PD
Right:						Right:
Left:						Left:

*Required field

Special Instructions: _____

(Check one)

Quote Only: _____

Place Order: _____

Signature: _____

Send this form to Eschenbach using the fax number or email address listed below. Eschenbach will fax or email a firm quote for all orders to the attention of the contact person on the order form. Prices are subject to change. Orders will NOT be processed until confirmation and authorization of the order is provided by the customer via phone, return fax or email. (Freight charges are not included in quote.)

Phone: (800) 487-5389 | Fax: (877) 422-7300 | Email: customerservice@eschenbach.com