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 ☐ #1680-54122 - Prismatic BINO ☐ #1681-34122 - Prem. Prism - Sm ☐ #1693-4916 - Prem. Prism - Lg ☐		CR-39 (only)	1.67 ☐ 1.74 ☐	Anti-Reflective Coating: Yes ☐ / No ☐		OD:_____ OS: _____
#1693-5218 - ClearImage II® Microscope ☐		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