



Your Company Name: \_\_\_\_\_  
**Rx SAFETY PRESCRIPTION ORDER FORM**

Date: \_\_\_\_\_ P.O. #: \_\_\_\_\_ Patient: \_\_\_\_\_

Frame Model: \_\_\_\_\_ Lens Type: \_\_\_\_\_ Lens Color: \_\_\_\_\_

Center Thickness 3MM Lens Material: **Polycarbonate** TINT: \_\_\_\_\_

Invoice #: \_\_\_\_\_ Customer Ref #: \_\_\_\_\_

		Sphere	Cylinder	Axis
OD	RIGHT			
OS	LEFT			
			Seg. Height	P.D.
ADD	RIGHT			
	LEFT			

Lab Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

FRAME STYLE: \_\_\_\_\_  
 SINGLE VISION \_\_\_\_\_ READER ONLY \_\_\_\_\_  
 LINED BIFOCAL \_\_\_\_\_ PROGRESSIVE \_\_\_\_\_

LENS COLOR \_\_\_\_\_  
 CLEAR \_\_\_\_\_ TRANSITION GRAY (Darker) \_\_\_\_\_ TRANSITION BROWN (Lighter) \_\_\_\_\_  
 ORANGE \_\_\_\_\_ POLARIZED GRAY \_\_\_\_\_ POLARIZED BROWN \_\_\_\_\_  
 YELLOW \_\_\_\_\_ DRIVEWEAR (Night Driving) \_\_\_\_\_

SPECIAL FEATURES \_\_\_\_\_  
 ANTI-REFLECTIVE COAT \_\_\_\_\_ UV COAT \_\_\_\_\_ BLUE MIRROR \_\_\_\_\_  
 SILVER MIRROR \_\_\_\_\_ SCRATCH COAT \_\_\_\_\_

**Email to : [bbrown@rx-safety.com](mailto:bbrown@rx-safety.com) or Fax to: 1 (732) 356-7127**