

**ORDER FORM**

To place an order please copy this form  
and email or fax it to the address below

DATE: \_\_\_\_\_

Please print name and address CLEARLY.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE ( ) \_\_\_\_\_

EVENING PHONE ( ) \_\_\_\_\_

RX	SPHERICAL	CYLINDER	AXIS	PRISM	BASE	P/D*
DISTANCE	OD RIGHT					FAR: NEAR:
	OS LEFT					FAR: NEAR:
ADD	OD RIGHT	INSTALL INTO MASK IF SUPPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	OS LEFT	*P/D – INTERPUPILARY DISTANCES (DISTANCES BETWEEN EYES) ARE NEEDED TO INSURE PROPER FABRICATION OF LENSES				

MANUFACTURER	MASK STYLE	ADP LENS NO.
SHIPPING INSTRUCTIONS: (The shipping cost will be added to the invoice sub-total at the time of shipment)		
<input type="checkbox"/> REGULAR UPS	<input type="checkbox"/> 3 DAY	<input type="checkbox"/> 2 <sup>ND</sup> DAY <input type="checkbox"/> Next DAY

Method of Payment:

Check \_\_\_ Money Order \_\_\_ Credit Card \_\_\_ Type: VISA/AMEX/MC/DISC: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Credit Card sec code \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address the Credit Card Statement is sent to: \_\_\_\_\_

Would you like a courtesy call prior to shipment: Yes \_\_\_ No \_\_\_ Telephone Number: \_\_\_\_\_

OTHER Requests: \_\_\_\_\_