

LEAD GLASS PRESCRIPTION FORM

CUSTOMER _____
 ORDER NO. _____
 Glasses Model _____

Indicate Type of Prescription X

Distance Rx	
Near Rx	
Bifocal	
Progressive	

Optician: Please fill out form completely

Pupillary Distance for Distance Viewing

		SPH.	CYL.	AXIX	PRISM	BASE	ADD	SPECIAL INSTRUCTIONS
Distance Viewing Rx Prescription	Right Eye							
	Left Eye							
							Segment Height	Pupillary Distance for Near Viewing **
							*	

For Distance Prescription only, information required is:

1. Distance RX (Prescription)
2. One Pupillary Distance
3. Make sure Rx is Current

For Near, BiFocal or Progressive Prescription, information required is:

1. Distance RX (Prescription)
2. Add Power
3. Make sure Rx is Current

- * SEGMENT HEIGHT REQUIRED FOR BIFOCAL / VARIFOCAL
- ** WHERE BI-FOCALS ARE REQUIRED, PLEASE PROVIDE THE SECOND PUPILLARY DISTANCE

