

EYEGLOSS ORDER FORM

Please fill out this form in its entirety to ensure the proper product is ordered.

CUSTOMER NAME (Please Print Clearly) _____

CLINT CUSTOMER # _____

Eyeglasses

(Please indicate choices below with an "X" in the appropriate box)

NIKE BRAZEN - Matte Black / Blue **Plano** (Non-Rx) / \$ _____ (#5301200)

NIKE BRAZEN - Black **Plano** (Non-Rx) / \$ _____ (#5301230)

MAXX 30 - Black **Plano** (Non-Rx) / \$ _____ (#5301100) **Single Vision** (Rx) / \$ _____ (#5301101)

(PRESCRIPTION AVAILABLE) **Bi-Focal** (Rx) / \$ _____ (#5301102) **Progressive Bi-Focal** (Rx) / \$ _____ (#5301103)

ORION FIT-OVER GLASSES **Plano** (Non-Rx) / \$ _____ (#5001500)

All radiation protective eyeglasses are .75mm lead equivalency.

Rx	SPHERE		CYLINDER		AXIS		BI-FOCAL / PROGRESSIVE ADD	
	R						R	
	L						L	
	RIGHT		LEFT		TOTAL		SEGMENT HEIGHT	
	PD							

PD | Pupillary Distance or interpupillary distance (IPD) is the distance (the industry standard to measure in millimeters) between the centers of the pupils in each eye. This measurement is used when preparing to make prescription glasses.

SH | Segment Height, also known as Seg Height or SH, is the vertical measurement in millimeters from the bottom of the lens in your frames, to the beginning of the progressive addition on the progressive lens, or the top line of a lined bi-focal.

IMPORTANT: PD MUST BE INCLUDED for single vision orders. PD and SH MUST BE INCLUDED for bi-focal / progressive orders.

In order to process prescription orders, we require the dispensing optician's signature.

DISPENSING OPTICIAN'S SIGNATURE: _____

The undersigned customer is verifying that all of the information on this form is true and correct and that any errors made on this form are the sole responsibility of the customer. The undersigned also acknowledges and understands that all **AccuShield Radiation Protection products are non-returnable.**

SIGNATURE: _____ **DATE:** _____

Fax form to 800.341.6440 (or) Scan/ email to customercare@clintpharmaceuticals.com • Please call with any questions - 800.677.5022

CPI Office Use Only

PO#: _____ **C:** _____

Submission Date: _____ **Emp. & Date Received:** _____

Emp. & Date Entered: _____ **Emp. Ver. & Date:** _____