

## Prescription Sonar Glasses Order Form

Order Date: \_\_\_\_\_

Date of Prescription: \_\_\_\_\_

Organization: \_\_\_\_\_

Optometrist: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

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

Lens Material:

- Clear
- Tint \_\_\_\_\_
- Photosensitive
- Polarized
- Mirrored

Lens Style:

- Single Vision
- Bifocal

Distance Rx:	Sphere	Cylinder	Axis	Dist PD
Right OD				
Left OS				

Other Rx:	Sphere	Cylinder	Axis	Dist PD
Right OD				
Left OS				

Frame Size:

- Large       Medium       Small

Notes:

Contact:

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