

Please return this completed form along with a copy of your prescription* (via scan or smartphone photo) and email both documents in the same email to orders@a-morir.com with PRESCRIPTION and your order number in the subject field. Not following these instructions will result in a delay in processing your order.

*required by law

Sunglass Prescription Form 2018

Order Number _____

Legal first / last name of prescription owner*: _____

*required by law

PD (Pupillary Distance) Measurement: _____

Lens Type (please check ONE)

Single Vision Lens (145 USD) _____

Progressive Lens (265 USD) _____

Polarized Single Vision Lens (265 USD) _____

Polarized Progressive Lens (330 USD) _____

Lens Color (please circle ONE)



Neutral Grey _____



Brown _____



Green _____



Rose _____

Optional Additions:

*while these are optional please check only one as we can do one process per lens

Mirror Coating (50 USD)* _____

Gradient lens (50 USD) _____

*mirror coatings will match the coatings in your order (example: if you order contains gold mirror lenses your prescription will be filled with gold mirror lenses) unless otherwise specified.

*email orders@a-morir.com to receive a full list of our mirror coating offerings