

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 2019

Order Number					
Legal first / last name *required by law	e of prescription ow	/ner*:			
PD (Pupillary Distance	e) Measurement:				
Lens Type (please check	ONE)				
Single Vision Lens (165 USD) Progressive Lens (295 USD)			Polarized Single Vision Lens (295 USD) Polarized Progressive Lens (370 USD)		
Lens Color (please circle	e 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 (5	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