

# PRESCRIPTION EYEGLOSS ORDER FORM

Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company Purchase Order #: \_\_\_\_\_

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

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

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Glasses Model #: \_\_\_\_\_

**Distant:**

	Sph.	Cyl.	Axis	Dec.	Prism	Base
Right						
Left						

**Add for Read:**

	Segment Height	Segment Width	Segment Dec.	Total Dec.
Right				
Left				

**IMPORTANT: FOR PROPER PRESCRIPTION CENTERING PD MUST BE INCLUDED.**

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

Dispensing Optician's Signature:

\_\_\_\_\_

Fill out this form and email, fax, or mail to Wolf X-Ray: 133 Wolf Road, Battleboro, NC 27809

Telephone: 631.242.9729 Fax: 631.242.1001

Email: [info@wolfxray.com](mailto:info@wolfxray.com)

