

LEAD GLASS PRESCRIPTION FORM

CUSTOMER: _____

ORDER NO: _____ GLASSES MODEL: _____

Please Indicate Type of Prescription (X)

Distance Rx

Near Rx

Bifocal

Progressive

Opticians: Please Fill Out Form Completely

								Pupillary Distance for Distance Viewing
		SPH	CYL	AXIX	PRISM	BASE	ADD	Special Instructions
Distance Viewing Rx Prescription	Right Eye							
	Left Eye							
						Segment Height	Pupillary Distance for Near Viewing **	
						*		

* Segment Height Required for Bifocal/Varifocal

** Where Bifocals are Required, Please Provide the Second Pupillary Distance



For Distance Prescription only, information required is:

1. Distance Rx (Prescription)
2. One Pupillary Distance
3. Make Sure Rx is Current

For Near, Bifocal or Progressive Prescription, information required is:

1. Distance Rx (Prescription)
2. Add Power
3. Make Sure Rx is Current

