



Radiation Safety Glasses Prescription Order Form

Please call in or fax prescription orders to:

Toll Free Phone: 1-877-706-4480

Fax: 713-706-4161

**Fill out Top 1/2 of page for Single Vision, or Bottom 1/2 for Bifocals
All Prescriptions Must Have Pupil Distance (PD).**

Date: _____ Customer Name: _____

Frame Model: _____ Frame Color: _____ Material: 0.75mm Pb Equiv. Glass

		Sphere	Cylinder	Axis	Prism	Base	Direction (In, Out, Up, Down)	Pupil Distance (PD)
OD	RIGHT							
OS	LEFT							

Any fields not denoted on prescription may be left blank, except for Pupil Distance.

Fill out this Bottom Portion for Lined or No-Line (Progressive) Bifocals

Date: _____ Customer Name: _____

Frame Model: _____ Frame Color: _____ Material: 0.75mm Pb Equiv. Glass

		Sphere	Cylinder	Axis	Prism	Base	Direction (In, Out, Up, Down)	Pupil Distance (PD)
OD	RIGHT							
OS	LEFT							

Progressive (No-Line)

Bifocal

Lined Bifocal

						Seg. Height*
ADD	RIGHT					
	LEFT					

*Segment Height required for progressive bifocals, may be left blank for lined bifocals.

Any fields not denoted on prescription may be left blank, except for Pupil Distance.

Medical Supplies & Equipment Company
 6420 Richmond Ave. Suite 233
 Houston, TX 77057
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 Fax: 713-706-4161