



**Safety
Glasses
Online**

Fax Number: 07 54422154

Name:

Phone: _____

Email: _____ **Company:** _____

Postal Address:

Safety Frame Selected: _____

Colour: _____ **Size:** _____

Please Circle Your Selection

Lens Choice: Single vision (no extra), Bifocal, Progressive/Multifocal

Lens Extras: Polarised, Transition, Tint/UV

Lens Coatings: Mirror, Anti-Fog, Anti-reflective

Please advise on the colour you would like brown or grey for polarized and transition. Also which colour mirror coating? Blue, Silver or Gold

nb. Many of these options are only available for certain frames so please check if the frame you have selected has these options available

Prescription- it is best to fax a copy with order form so we can double-check the details prior to them being ordered.

| | Sphere | Cylinder | Axis | Add |
|--------------|---------------|-----------------|-------------|------------|
| Right | | | | |
| Left | | | | |

Pupil Distance (PD) _____ **mm**

Optometrists Name _____ **Ph** _____

I _____ agree to the terms and conditions as listed on the Safety Glasses Online website.

Any
notes: _____