



Date: _____

1960 Cliff Lake Road 119
Eagan, MN 55122
651-209-7999

Customer Name: _____

Billing Address

Shipping Address

Phone: _____

Email: _____

	Sphere	Cylinder	Axis	Prizm	Base	ADD
OD-R						
OS-L						
	PD	Seg Ht.	Faxing / Emailing			

Frame Manufacturer: _____

Model / Color: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Polycarbonate | <input type="checkbox"/> Single Vision | <input type="checkbox"/> Clear - Tint color _____ |
| <input type="checkbox"/> Trivex | <input type="checkbox"/> Lined bifocal | <input type="checkbox"/> Mirror / Flash - Solid
& |
| <input type="checkbox"/> Hi-Index 1.67 | <input type="checkbox"/> No-line digital | <input type="checkbox"/> Color of Mirror _____ |
| <input type="checkbox"/> Hi-Index 1.74 (Clear) | <input type="checkbox"/> No-line standard | <input type="checkbox"/> Transitional / Brown - Grey |
| | | <input type="checkbox"/> Polarized / Brown - Grey |

\$15.00 Hard case

\$4.99 Cleaner

\$9.99 Cord

Frame: _____

Lenses: _____

Lenses: _____

Credit Card

CVV Adapter: _____

Sub total _____

Exp. Date: ____ / ____

Extra's: _____

Signature X _____

Shipping _____

All prescription sales are non refundable. Should a warranty inspection become necessary you must first call to discuss the issue at 888-548-0558

Total _____