

PLEASE INCLUDE A VALID PRESCRIPTION WITH THIS ORDER

HOLLIN VISION SAFETY

PRESCRIPTION SAFETY EYEWEAR ORDER FORM

ORDER DATE:

1817 LINCOLN WAY
WHITE OAK, PA 15131

PLEASE E-MAIL
ALL ORDERS TO :
ORDERS@
HOLLINVISIONSAFETY
.COM

COMPANY

ACCT #

PO #

EMPLOYEE INFORMATION

FIRST

LAST

EMPLOYEE #

DEPT.

LENS INFORMATION

SINGLE VISION BIFOCAL FT28 BIFOCAL FT35 TRIFOCAL 28 TRIFOCAL 35

PROGRESSIVE : BASE DIGITAL LVL 1 DIGITAL LVL 2 DIGITAL LVL 3
 SHORT COMPUTER OTHER : _____

LENS OPTIONS

PLASTIC CR-39 POLYCARBONATE TRIVEX HI-INDEX

COATINGS : CLEAR POLYCARBONATE LENSES WILL BE SUPPLIED IF NOT SPECIFIED

CLEAR SUPERCOTE POLARIZED
 TINT : _____ SCOTCHGARD ANTI-FOG
 PHOTOCROMIC LVL 1 NON-GLARE
 TRANSITIONS XTRACTIVE LVL 2 NON-GLARE (WITH SCRATCH COAT)
 TRANSITIONS VANTAGE LVL 3 NON-GLARE (WITH SCRATCH COAT & UV)

PRESCRIPTION

	SPH	CYL	AXIS	PRISM	BASE
RIGHT					
LEFT					

	ADD	SEG HT	DIST PD	NEAR PD
RIGHT				
LEFT				

FRAME

STYLE	SIZE	COLOR	TEMPLE
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SIDE-SHIELDS

PERMANENT DETACHABLE PERFORATED T-LOC BREEZE CATCHER STEEL

SPECIAL INSTRUCTIONS