



2373 SE 14th Street Pompano, FL 33062  
 TEL 888.628.5274 FAX 954.785.5595

## PRESCRIPTION RX ORDER FORM

DATE OF ORDER	PO #
ACCOUNT NAME & NUMBER	
BILL TO ADDRESS	
SHIP TO ADDRESS	
CITY & STATE	ZIP
PHONE#	FAX#

**PATIENT NAME:**

**REFERRING NON-OPTICAL DEALER NAME:**

**"PD" MEASUREMENT MUST ACCOMPANY Rx ORDER**

*\*Extreme Eyewear can not process order without pupillary distance measurement\**

SPH	CYL	AXIS	PRISM	BASE
R/OD				
L/OS				

ADD POWER	SIGHT	DISTANCE PD	NEAR PD
R/OD			
L/OS			

**BIFOCALS ARE AVAILABLE: ADD \$30.00**

ALL PRESCRIPTION SALES ARE FINAL. PLEASE ALLOW 2 WEEKS FOR DELIVERY.

**NOTES:**

Payment Method:

Money Order	<b>Rx Price</b>	\$	
Check	<b>Bifocal (\$30)</b>	\$	
VISA/MC/AMEX/DISC #:	<b>Tax 6% (FL)</b>	\$	
Expiration Date:	<b>Shipping -3day</b>	\$	5.00
Signature:	<b>Total Dollars</b>	\$	