



Prescription Order Form for Radiation Protection Eyewear

Facility Name _____ Cust. # _____ Date _____

Billing Address _____

City _____ State _____ ZIP _____

Shipping Address (if different) _____

Phone # () _____ Fax # () _____ Email _____

Payment Type PO # _____ Contact me to process this order via credit card

Ordered by (your name) _____

Ordered for (user & dept.) _____

Note: Prescription Eyewear is not returnable. Please allow 10-20 business days for shipment.

Item #	Description	Color	Qty	Price	Total

Standard shipping charges and sales tax apply. For information on tax-exempt certificates, visit AliMed.com/sales-tax.

Total _____

Patient Name _____ Prescription Date _____

IMPORTANT: For proper prescription centering, PD (pupillary distance) must be included. If you do not have all information, please have your optometrist complete the order form. Incomplete orders cannot be processed.

		SPHERICAL	CYLINDRICAL	AXIS	PRISM	BASE
NEAR	R					
	L					
DISTANT		ADD FOR READING		SEGMENT HEIGHT	SEGMENT WIDTH	
	R					
	L					
		PD (PUPILLARY DISTANCE) REQUIRED		DISTANT	NEAR	

Submit your order via email or fax. See below.