

Glasses Prescription Order Form



Company Name _____

Telephone # _____

Company Purchase Order # _____

Patient's Name _____ Date _____

Ship to Address _____

City _____ State _____ Zip _____

Glasses Model # _____

Lead Equivalency .75 mm Type of Script Single Vision Bifocal Bifocal Progressive

Prescription

	Sphere	Cylinder	Axis		Bifocal/Progressive Add
R				R	
L				L	

	Right	Left	Total	Segment Height
PD				

PD | Pupillary Distance or interpupillary distance (IPD) is the distance (the industry standard is to measure in millimeters) between the centers of the pupils in each eye. This measurement is used when preparing to make prescription eyeglasses

SH | Segment Height, also known as Seg Height or SH, is the vertical measurement in millimeters from the bottom of the lens in your frames, to the beginning of the progressive addition on a progressive lens, or the top line of a lined bifocal.

IMPORTANT:

PD MUST BE INCLUDED for Single Vision. PD & SEGMENT HEIGHT MUST BE INCLUDED for Bifocal /Progressive.

In order to process prescription orders, we require the dispensing opticians signature!

Dispensing Opticians Signature _____

Please photo copy this form and mail or fax to:

Infab Corporation
 1040 Avenida Acaso
 Camarillo, CA 93012
 Tel: (805) 987-5255
 Fax: (805) 482-8424