



Pulse: 1-800-342-5973
 Optical Dept.: 706-632-1387
 Fax: 706-632-1259
 Email: sarah@pulsemedical.net
 Name _____
 Order # _____

Prescription Glasses Order Form

Please supply the following information:

Single Vision Prescription

	SPHERE	CYLINDER	AXIS	PRISM	BASE	PUPILARY DISTANCE
OD RIGHT EYE						RIGHT
OS LEFT EYE						LEFT

Information needed:

1. Distance Rx only (please ensure Rx is current for the year)
2. Pupillary Distance

Reader Only Prescription

Add power or magnification: _____

Select type of reader:

- Bifocal (bottom part of the lens with add power, top part without prescription)
 Single Vision (whole lens will have add power)

Special Instructions (specify if you would like a specific segment height): _____

Bifocal Prescription / Progressive Prescription

	SPHERE	CYLINDER	AXIS	PRISM	BASE	PUPILARY DISTANCE
OD RIGHT EYE						RIGHT
OS LEFT EYE						LEFT
ADD		Information needed: 1. Distance Rx only (please ensure Rx is current for the year) 2. Pupillary Distance 3. Add Bifocal Power				