

# Safety Rx Order Form

## Safety Eyewear Authorization and Order Form

**Fax this form to 713-647-8298**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

Phone #: \_\_\_\_\_

Credit Card #(if applicable): \_\_\_\_\_

Expiration: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

(if applicable)

COATINGS (Circle if Needed)

TINTS (circle shade)

Extras Must be Paid W/ Credit Card

Extras – Please Circle

FOUNDATION  
(xtra layer of scratch coating)

Light Medium Dark

TRANSITIONS  
(lenses that change color)

ANTI REFLECCION

Clear			
Gray	1	2	3
Brown	1	2	3
Yellow	1	2	3
Rose	1	2	3

POLARIZED

TITANIUM FRAME

WILEY X FRAME

SOLID or GRADIENT

	SPHERE	CYLINDER	AXIS	PRISM
RIGHT (OD)				
LEFT (OS)				

	ADD POWER	PD	
RIGHT (OD)			
LEFT (OS)			

\*Please write down what Frame you would like and check if you need detachable and/or permanent sideshields

FRAME NO.	COLOR	EYE SIZE	SIDESHIELD	DETACHABLE	PERMANENT

Special Instructions: \_\_\_\_\_

**Please call with any Question: Safety Rx – Toll Free: (877) 478-5252 Fax: (713) 647-8298**  
**1728 W. Sam Houston Pkwy. N.**  
**Houston, TX 77043**

LENS MATERIAL -Please circle

Polycarbonate (Recommended)

Plastic (CR-39)

Glass (Heaviest)

LENS TYPE – Please circle

Bifocal (With 1 Line)

Trifocal (With 2 Lines)

Progressive – No Lines

Double Seg - Bifocal Top & Bottom

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