



RX SOLUTIONS ORDER FORM

AS/NZS 1337.6:2007 Compliant

ABN 92 009 425 448

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East Perth, WA 6004, Australia

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customerservice@safetyoptics.com 1300 663 200

ACCOUNT DETAILS

Account Number _____

Account Name _____

Contact Number _____

Purchase Order Number _____

Contact _____

FRAME DETAILS

Please tick required frame and colour code

| LOW IMPACT FRAMES | |
|---|--|
| <input type="checkbox"/> 417-C4-DL NED KELLY CRYSTAL BLUE | <input type="checkbox"/> 417-C8-DL NED KELLY CRYSTAL CHARCOAL |
| <input type="checkbox"/> 501-C7-DL FLYTRECK TORTIOSE SHELL | <input type="checkbox"/> 501-C8-DL FLYTRECK CRYSTAL CHARCOAL |
| <input type="checkbox"/> 602-C7-DL GIRLFRIEND TORTIOSE SHELL | <input type="checkbox"/> 602-PL-DL GIRLFRIEND PLUM |
| MEDIUM IMPACT FRAMES | |
| <input type="checkbox"/> 170-MT-DL OPTIX METAL | |
| <input type="checkbox"/> 172-MT-DL52 OPTIX 52 METAL | <input type="checkbox"/> 172-MT-DL54 OPTIX 54 METAL |
| <input type="checkbox"/> 172-MT-DL56 OPTIX 56 METAL | |
| <input type="checkbox"/> 181-MT-DL54 OPTIX 54 METAL | <input type="checkbox"/> 181-MT-DL52 OPTIX 52 METAL |
| <input type="checkbox"/> 605M-CS-DL BLOCKBUSTA MEDIUM CRYSTAL SMOKE | <input type="checkbox"/> 605L-CS-DL BLOCKBUSTA LARGE CRYSTAL SMOKE |
| <input type="checkbox"/> 624-D1-DL PLASMA EVO2 DEMI BLACK | <input type="checkbox"/> 624-MP-DL PLASMA EVO2 METALLIC PEARL |
| <input type="checkbox"/> 708-C8-DL RAZOR RX CRYSTAL CHARCOAL | <input type="checkbox"/> 708-CS-DL RAZOR RX CRYSTAL SMOKE |
| <input type="checkbox"/> 308-S1-DL FOREMAN SHINY BLACK | <input type="checkbox"/> 308-CS-DL FOREMAN CRYSTAL SMOKE |

LENS DETAILS

Please tick required lens type/tint code

LENS TINT

| LENS TYPE | LENS TINT | | | |
|---------------|---------------------------------|------------------------------------|------------------------------------|----------------------------------|
| | CLEAR | POLARIZED GREY | POLARIZED BROWN | TRANSITION |
| SINGLE VISION | <input type="checkbox"/> PLYSV | <input type="checkbox"/> POL159SVG | <input type="checkbox"/> POL159SVB | <input type="checkbox"/> T6159SV |
| BI FOCAL | <input type="checkbox"/> PLYE8D | | | |
| PROGRESSIVE | <input type="checkbox"/> POVAIR | <input type="checkbox"/> POLOVAIRG | | <input type="checkbox"/> T6OVAIR |

PATIENT DETAILS

Direct Customer Referral Referral Number _____

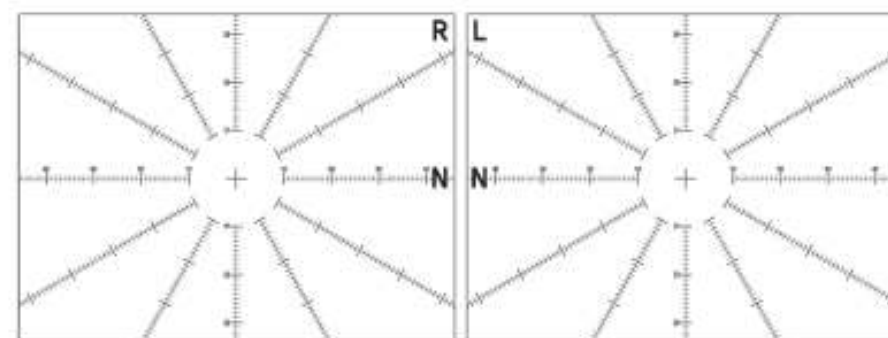
Patient Christian Name _____ Patient Surname _____

Date In _____ Required By _____

PRESCRIPTION DETAILS

| RIGHT | Axis | Add | Prism | LEFT | Axis | Add | Prism |
|-----------|------|-----|-------|-----------|------|-----|-------|
| Sph _____ | | | | Sph _____ | | | |
| Cyl _____ | | | | Cyl _____ | | | |

| Near PD | Dist PD | Height | Frame | Eye | Bridge |
|---------|---------|--------|-------|-------|--------|
| | | | | Depth | Diag |



Please fill in and fax back to +61 8 9325 2977

Please contact EYRES for a username and password and go to www.safetyoptics.com to place an order online
All faxed orders will incur a \$5.00 administration fee