



**SHANNON OPTICAL.**

368 COMMERCIAL STREET, BRIDGEVILLE, PA 15017  
 PHONE: 800-235-8474 • FAX: 800-781-6692

FIRST CLASS  
 CONTENTS-Merchandise

**RX NUMBER:**

PLEASE REFER TO THIS NUMBER  
 ON ALL CORRESPONDENCE

**SHIP TO:**

**COMPANY:**

**BILL TO:**

P.O. NUMBER:

ORDER DATE:

NAME:					I.D. NUMBER:		
DIST.	SPHERE	CYLINDER	AXIS	PRISM	BASE	DISTANCE	NEAR
RIGHT							
LEFT							

ADD FOR NEAR	SEG. HT.	WIDTH	INSET	TOT. DEC.	SPECIAL INSTRUCTIONS		
R							
L							

INTER OR UPPER	<input type="checkbox"/> GLASS	<input type="checkbox"/> PLASTIC	<input type="checkbox"/> POLYCARBONATE
	CLEAR <input type="checkbox"/> Rose 1 <input type="checkbox"/> 2 <input type="checkbox"/> Green 2 <input type="checkbox"/> 3 <input type="checkbox"/> Sunglass Grey <input type="checkbox"/> Photochromatic <input type="checkbox"/>	CLEAR <input type="checkbox"/> Brown 1 <input type="checkbox"/> 2 <input type="checkbox"/> Rose 1 <input type="checkbox"/> 2 <input type="checkbox"/> Green 2 <input type="checkbox"/> 3 <input type="checkbox"/> Gray 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Transitions <input type="checkbox"/>	<input type="checkbox"/> MISC Scratchguard <input type="checkbox"/> UV 400 <input type="checkbox"/> Roll <input type="checkbox"/> Polish <input type="checkbox"/> Anti Reflective <input type="checkbox"/>

**IF MULTIFOCAL  
 CHECK ONE  
 STYLE BELOW** ↓

25 <input type="checkbox"/> 28 <input type="checkbox"/> 35 <input type="checkbox"/> 45 <input type="checkbox"/> EXEC <input type="checkbox"/>		25 <input type="checkbox"/> 28 <input type="checkbox"/> 35 <input type="checkbox"/> EXEC <input type="checkbox"/>		25 <input type="checkbox"/> 28 <input type="checkbox"/> 35 <input type="checkbox"/> EXEC <input type="checkbox"/>			STYLE _____
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<input type="checkbox"/> BIFOCALS	<input type="checkbox"/> TRIFOCALS	<input type="checkbox"/> DOUBLE SEGS	<input type="checkbox"/> PROGRESSIVE
EYE SIZE	BRIDGE	FRAME NUMBER	COLOR

SIDE SHIELDS Removable Top & Side <input type="checkbox"/> Riveted Top & Side <input type="checkbox"/> Permanent Cup Mesh <input type="checkbox"/>	TEMPLE STYLE Comfort Cable <input type="checkbox"/> Acetate Spatula <input type="checkbox"/> Metal Spatula <input type="checkbox"/>	TEMPLE LENGTH	PAYMENT METHOD	AMOUNT ENCLOSED
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PROFESSIONAL SIGNATURE:			<b>RX NUMBER:</b>
TELEPHONE:			<b>LAB USE ONLY</b> DROP BALL TESTED
ADDRESS:			Date: _____ <small>MFG. TO MEET OSHA Z87.1</small>
CITY:	STATE:	ZIP:	INSPECTED BY: _____