Prescription Lens Order Form

Addendum to frame order — complete one form per client

SHOP / ACCOUNT INFORMATION

FULL SHOP NAME *

ACCOUNT NUMBER *

POSTAL CODE *

CLIENT & ORDER INFORMATION

FULL NAME

TODAY'S DATE *

FRAME ORDER #

PHONE

EMAIL

BRAND / MODEL / COLOUR / SIZE

PRESCRIPTION (RX)

Enter values exactly as written on your prescription. Leave a box blank if it does not apply.

EYE	SPH	CYL	AXIS	ADD	PRISM	BASE
OD (Right)						
OS (Left)						

DISTANCE PD (MM)

NEAR PD (MM)

MONOCULAR PD (IF APPLICABLE) OD / OS

LENS TYPE (SELECT ONE) *

- ☐ Single Vision
- ☐ Bifocal (D28)
- ☐ Veri-focal (Pro-Max)

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HILTON LONDON eyewear Est. 1978

LENS OPTION (SELECT THE OPTION MATCHING YOUR CHOSEN LENS TYPE)

Only mark an option within the group that matches the Lens Type selected on page 1.

SINGLE VISION

- ☐ 1.5 Uncoated
- ☐ 1.5 Hard Coated
- ☐ 1.5 HMC
- ☐ 1.56 Blue Light
- ☐ 1.5 Photochromic HMC
- ☐ 1.56 Photochromic + Blue Light
- ☐ 1.6 HMC
- ☐ 1.6 Blue Light
- ☐ 1.67 HMC

BIFOCAL (D28)

- ☐ 1.5 Uncoated
- ☐ 1.5 Hard Coated
- ☐ 1.5 HMC

VERI-FOCAL (PRO-MAX)

- ☐ 1.5 Uncoated
- ☐ 1.5 Hard Coated
- ☐ 1.5 HMC
- ☐ 1.5 Blue Light
- ☐ 1.5 Photochromic HMC
- ☐ 1.6 HMC
- ☐ 1.67 HMC

PHOTOCHROMIC COLOUR (IF APPLICABLE)

- ☐ Grey
- ☐ Brown

SPECIAL INSTRUCTIONS

CLIENT AUTHORIZATION

☐ I confirm the prescription information above is accurate, current, and matches my valid prescription.

CLIENT SIGNATURE (TYPE FULL NAME)

DATE

FOR OFFICE USE ONLY

VERIFIED BY

DATE VERIFIED

LAB ORDER #

Please return the completed form with your frame order. Questions? Contact us before submitting if any prescription value is unclear.