



Safety Prescription Eyewear Form

SRX NO:

ATTENTION! PLEASE USE CAPITAL LETTERS!

ENQUIRIES: CALL/EMAIL PDS LABORATORY

CUSTOMER INFO (REQUIRED BY OOB[†])

NAME

NRIC/FIN DATE OF BIRTH (DDMMYY) SEX: M F OCCUP

ADDRESS

POSTAL CODE EMAIL

OFFICE MOBILE

DATE OF LAST EYE EXAM (DDMMYY) LAST RX: R L

REFRACTION TEST (OPTICIAN ONLY)

DISTANCE	R	+/- SPHERE	+/- CYLINDER	AXIS	PRISM	V/A	PD DIST	OPTICIAN: KINDLY FILL IN SECTION, RETURN FORMS TO PDS LAB NAME <input type="text"/> PRACTISING CERT NO <input type="text"/> DATE <input type="text"/> OUTLET STAMP <input type="text"/> SIGNATURE <input type="text"/>
	L	+/-	+/-					
ADDITION	R	+/-	SEGMENT HT	TINTING	INDEX	PD NEAR		
	L	+/-		<input type="checkbox"/> HMC <input type="checkbox"/> ANTI-FOG <input type="checkbox"/> BLUE-A-BLK <input type="checkbox"/> PHOTOCHR. <input type="checkbox"/> POLARIZED				

SELECT SHIP-TO LOCATION (✓): PDS MY COMPANY OPTICAL OUTLET HOME **OUTLET NO** REMARKS

SELECT LENS (✓): POLYCARBONATE CR39 SINGLE VISION FLAT TOP PROGRESSIVE OTHER:

SELECT FRAME:

MODEL MODEL

SIZE COLOR SIZE COLOR

ADD ON ADD ON

AUTHORISATION & ACKNOWLEDGEMENT

SAFETY OFFICER KINDLY FILL IN SECTION, RETAIN YELLOW COPY & RETURN REMAINING FORMS TO OUR OPTICIAN.		FRAME	\$	
COMPANY ADDRESS/STAMP	SAFETY OFFICER/AUTH PERS NAME	LENS	\$	
		SIGNATURE	DATE	
	TEL		MULTI-COAT	\$
	FAX		TINTING	\$
	EMAIL		ANTI-FOG	\$
CUSTOMER NO	P.O. NO	TOP UP/ADD ON	\$	
		GST/VAT	\$	
		TOTAL	\$	
		CUSTOMER ACKNOWLEDGEMENT		
		NAME	SIGN/DATE	

BILLING & SHIPPING INFORMATION

BILL TO: COMPANY NAME/ADDRESS

SHIP TO: COMPANY NAME/ADDRESS (IF DIFFERENT FROM BILLING ADDRESS)

PDS Original-White • Optician Copy-Pink • Customer Copy-Yellow

[†]OOB - Optometrists and Opticians Board of S'pore (*We will not sell or disclose customer information to third parties)



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