

ORDERS@SCUBAOPTICS.COM

SCUBA OPTICS™

ORDER FORM

1405 8th Ave. Rock Falls Il 61071 815-625-7272

Fax 1-815-625-9735

Store Name _____ Date _____

Address _____ Ordered by _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Customers Name _____

Rx

PRESCRIPTION (OR INCLUDE COPY)

SPHERE CYLINDER AXIS PRISM

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L

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ADD FOR
BIFOCAL

P.D.

MASK STYLE

BONDED LENS STYLE (check one below)

STYLE 1

Single vision, for distant vision



STYLE 2

Bifocal, corrects both far and near



STYLE 3

Half lens for reading gauges



SERVICE (check one) EMAIL, FAX OR PHONE YOUR ORDER IN ADVANCE

REDLINE SERVICE (additional charge)
3 working days in house

REGULAR SERVICE
5 working days in house

SHIPPING INSTRUCTIONS (check one)

- Ground 2nd Day Air Next Day Air
 Other (specify) _____

DATE NEEDED IN STORE
