

EMAIL TO 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

R

--	--	--	--

L

--	--	--	--

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)

**REDLINE SERVICE** (additional charge)  
3 working days in house (please phone in order)

**REGULAR SERVICE**  
5 working days in house

### SHIPPING INSTRUCTIONS (check one)

Ground

2nd Day Air

Next Day Air

Other (specify)

### DATE NEEDED IN STORE

\_\_\_\_\_