

PRESCRIPTION SAFETY GLASSES ORDER FORM


FULL NAME: _____

DEPARTMENT: _____

SUPERVISOR: _____

Instructions: Please indicate your preference of style.

Pay attention to if the glasses are Bifocal, Progressive, or Single Vision in accordance to your prescription. If EHS does not have your prescription, please include it along with this form.




Matrix Daytona

✓ Bifocal ✗ Progressive ✓ Single Vision



Tacoma

✓ Bifocal ✓ Progressive ✓ Single Vision



Matrix Del Mar

✓ Bifocal ✓ Progressive ✓ Single Vision



Fusion Amarillo

✓ Bifocal ✗ Progressive ✓ Single Vision