



UPON COMPLETION FAX PRESCRIPTION SHEET TO:

- UWS Seattle 206.362.4045
- UWS Bellevue 425.454.0745
- UWS Kirkland 425.821.0719
- UWS Edmonds 425.771.5099
- UWS Everett 425.353.4420
- UWS Fed. Way 253.874.2755
- UWS Tacoma 253.581.4143
- UWS Olympia 360.493.0226

Customer Name: _____

Special Order Number: _____

Sales Person: _____

Doctors Name: _____

Clinic / Office Name: _____

Contact Phone Number: _____

Date of Prescription: _____

RX	Spherical	Cylinder	Axis	Prism	Base	P/D★
OD Right						
OS Left						

★ P/D – Interpupillary distances are required to insure proper spacing of lenses in mask.

ADD OD Right	
OS Left	

If customer is getting single vision lenses, what should Rx be:

Spherical	
OD Right	
OS Left	

Doctors Signature: _____

DIRECTIONS

Customer or Shop – Please fill out all items designated by _____.

Doctor or Vision Center – Please fill out all items designated by _____.

Please fax completed sheet to the store location checked at the top.