

RUSSELL EYECARE & ASSOCIATES
15 E MINNESOTA ST, STE 107
ST. JOSEPH, MN 56374
(320) 433-4326
WWW.RUSSELLEYECARE.COM



SUNGLASSES WITH NEOX TRANSITION LENSES ORDER FORM

PATIENT INFORMATION:

NAME - _____

ADDRESS - _____

PHONE# - _____

STEP 1: FRAME SELECTION

FRAME NAME - _____ COLOR - _____

STEP 2: LENS SELECTION PRICE INCLUDES FRAME AND LENSES (CHECK ONE)

- \$166.00 PLANO (NO PRESCRIPTION)
- \$394.00 SINGLE VISION HIGH DEFINITION (HD) DIGITAL LENS DESIGN
- \$454.00 PROGRESSIVE (NO-LINE BIFOCAL) HD DIGITAL PROGRESSIVE BIFOCAL DESIGN
- +\$70.00 **I WOULD LIKE TO ADD ANTI-REFLECTIVE COATING (NO-GLARE) TO MY LENSES**

STEP 3: PRESCRIPTION

WE CAN CALL FOR A COPY OF YOUR PRESCRIPTION FROM YOUR EYE DOCTOR, OR YOU CAN INCLUDE A COPY OF YOUR CURRENT PRESCRIPTION. PLEASE FILL IN THE INFORMATION BELOW.

NAME OF EYE CLINIC WHERE YOU HAD YOUR LAST EXAM - _____

TOWN EYE CLINIC IS LOCATED - _____

PHONE NUMBER - _____

*I AUTHORIZED MY PRESCRIPTION TO BE RELEASED TO RUSSELL EYECARE & ASSOCIATES.

SIGNATURE: _____ DATE: _____

STEP 4: MEASUREMENTS (THESE ARE MEASURED AT YOUR EYE DOCTOR'S OFFICE)

PUPILLARY DISTANCE (DISTANCE PD) _____

*PROGRESSIVE HEIGHT (IF YOU ARE ORDERING NO-LINE BIFOCALS, YOU WILL NEED TO COME INTO OUR OFFICE FOR THIS MEASUREMENT.) _____

PAYMENT: PAYMENT IS NEEDED BEFORE GLASSES CAN BE ORDERED. CHECKS NEED TO BE MADE PAYABLE TO RUSSELL EYECARE & ASSOCIATES. YOU MAY ALSO PAY BY VISA, MASTERCARD OR DISCOVER CARD.

TYPE OF CARD _____ CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE (BACK OF CARD) _____

TOTAL AMOUNT TO CHARGE \$ _____

SIGNATURE _____ DATE _____

MAIL FORM TO:

RUSSELL EYECARE & ASSOCIATES
15 E MINNESOTA STREET, STE 107
ST. JOSEPH, MN 56374

OR FAX TO:

(530) 420-3693

OR E-MAIL TO:

INFO@RUSSELLEYECARE.COM
