

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

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