

Custom Rx Sports Goggle Form

Store Name: _____
Account Number: _____
Phone Number: _____
Patient Reference: _____
Date: _____

NOTE

Please forward a copy of doctors prescription to claim tax exemption

	Sphere	Cylinder	Axis	Mono PD	Prism
OD					
OS					

STOCK RANGE

Sphere: -6.00 to +4.00 Cyl: -2.00 (Powers beyond stock lens range must be surfaced)

PLEASE SELECT ONE OPTION



CENTROSTYLE SPORTS GOGGLES

Shiny Blue

C13438 47-23 ☐
C13463 49-23 ☐
C13443 51-21 ☐
C13445 53-21 ☐
C13439 55-23 ☐

Shiny Silver

C13440 47-23 ☐
C13442 49-21 ☐
C13444 51-21 ☐

Shiny Black

C13441 53-21 ☐
C13462 55-21 ☐

MOSI-A SPORTS GOGGLES

Adult 52-18

SPORTS-MOSIA Clear ☐
SPORTS-MOSIA-CAMO Camo ☐
SPORTS-MOSIA-GRYBLU Grey Blue ☐

Children 46-18 (up to 7-8 yrs of age)

SPORTS-MOSIC Clear ☐

MOSI-G FLIP-UP SPORTS FRAME WITH Rx ADAPTER (50-18)

SPORTS-MOSIGCHK Checkered ☐
SPORTS-MOSIGBLK Black ☐
SPORTS-MOSIGBRN Brown ☐

SPORTS-MOSIGSIL Silver ☐
SPORTS-MOSIGRED Red ☐
SPORTS-MOSIGBLU Blue ☐

PLEASE ACKNOWLEDGE

☐

I acknowledge that the goggle is considered **Final Sale** once Rx lenses are mounted. There will be no return or exchanges.

This order will not proceed unless acknowledgement box is ticked.

ADDITIONAL NOTES