

Custom Rx Ski Goggle Adapter 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					

RX RANGE Sphere: -6.00 to +600 Cyl: -2.00

MEASUREMENT:	A	B	ED	DBL
BS-895010	49	42	53	15

PLEASE ACKNOWLEDGE

I acknowledge that the Ski goggle adapter 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