

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

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