

VOUCHER No.

DISPENSE DATE

# VDU Spectacles Single Vision

## ORDER FORM



EMPLOYEE NAME and JOB TITLE

EMPLOYER NAME and ADDRESS

PRACTICE NAME

PRACTICE ADDRESS

PRACTICE CONTACT

PRACTICE TELEPHONE No.

### SPECTACLE ORDER

|   | SPHERE               | CYL                  | AXIS                 | PRISM                | ADD                  | HEIGHTS<br>OC to lower rim | DISTANCE MONO PD's   |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------------|----------------------|
| R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> |
| L | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> |

|                  |               |                      |                    |
|------------------|---------------|----------------------|--------------------|
| <b>LENS TYPE</b> | Single Vision | <b>LENS MATERIAL</b> | 1.5 Plastic (CR39) |
|------------------|---------------|----------------------|--------------------|

|                   |                      |
|-------------------|----------------------|
| <b>LENS EXTRA</b> | <input type="text"/> |
|-------------------|----------------------|

### PLEASE STATE FRAME REQUIRED

| MODEL                | SIZE                 | COLOUR               |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### HOW TO ORDER

Orders can be: Emailed [vouchers@smartemployee-eyecare.com](mailto:vouchers@smartemployee-eyecare.com)  
 Faxed 01224 212700  
 Posted Smart Employee Eyecare  
 Duncan and Todd Opticians  
 14 Crown Terrace  
 Aberdeen AB11 6HE

**SEE will return completed spectacles by DX Optical Courier to your practice normally within 7-10 working days.**

[smartemployee-eyecare.com](http://smartemployee-eyecare.com)

SMART EMPLOYEE EYECARE  
 14 CROWN TERRACE, ABERDEEN AB11 6HE  
 TEL: 01224 211166 FAX: 01224 212700

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DISPENSE DATE

# VDU Spectacles D28 Bifocals



## ORDER FORM

EMPLOYEE NAME and JOB TITLE

EMPLOYER NAME and ADDRESS

PRACTICE NAME

PRACTICE ADDRESS

PRACTICE CONTACT

PRACTICE TELEPHONE No.

### SPECTACLE ORDER

|   | SPHERE               | CYL                  | AXIS                 | PRISM                | ADD                  | HEIGHTS<br>OC to lower rim | DISTANCE PD          | NEAR PD              |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------------|----------------------|----------------------|
| R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> | <input type="text"/> |
| L | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> | <input type="text"/> |

|                  |             |                      |                    |
|------------------|-------------|----------------------|--------------------|
| <b>LENS TYPE</b> | D28 Bifocal | <b>LENS MATERIAL</b> | 1.5 Plastic (CR39) |
|------------------|-------------|----------------------|--------------------|

|                   |                      |
|-------------------|----------------------|
| <b>LENS EXTRA</b> | <input type="text"/> |
|-------------------|----------------------|

### PLEASE STATE FRAME REQUIRED

| MODEL                | SIZE                 | COLOUR               |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### HOW TO ORDER

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VOUCHER No.

DISPENSE DATE

# VDU Spectacles Varifocals

## ORDER FORM



EMPLOYEE NAME and JOB TITLE

EMPLOYER NAME and ADDRESS

PRACTICE NAME

PRACTICE ADDRESS

PRACTICE CONTACT

PRACTICE TELEPHONE No.

### SPECTACLE ORDER

|   | SPHERE               | CYL                  | AXIS                 | PRISM                | ADD                  | HEIGHTS<br>OC to lower rim | DISTANCE MONO PD's   |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------------|----------------------|
| R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> |
| L | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> |

|                  |            |                      |                    |
|------------------|------------|----------------------|--------------------|
| <b>LENS TYPE</b> | Varifocals | <b>LENS MATERIAL</b> | 1.5 Plastic (CR39) |
|------------------|------------|----------------------|--------------------|

|                   |                      |
|-------------------|----------------------|
| <b>LENS EXTRA</b> | <input type="text"/> |
|-------------------|----------------------|

### PLEASE STATE FRAME TO BE GLAZED

| MODEL                | SIZE                 | COLOUR               |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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# VDU Spectacles Occupational

## ORDER FORM



EMPLOYEE NAME and JOB TITLE

EMPLOYER NAME and ADDRESS

PRACTICE NAME

PRACTICE ADDRESS

PRACTICE CONTACT

PRACTICE TELEPHONE No.

### SPECTACLE ORDER

|   | SPHERE               | CYL                  | AXIS                 | PRISM                | ADD                  | HEIGHTS<br>OC to lower rim | DISTANCE MONO PD's   |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------------|----------------------|
| R | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> |
| L | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> |

|                  |                               |                             |                             |                      |                    |
|------------------|-------------------------------|-----------------------------|-----------------------------|----------------------|--------------------|
| <b>LENS TYPE</b> | <input type="checkbox"/> 1.3m | <input type="checkbox"/> 2m | <input type="checkbox"/> 4m | <b>LENS MATERIAL</b> | 1.5 Plastic (CR39) |
|------------------|-------------------------------|-----------------------------|-----------------------------|----------------------|--------------------|

|                   |                      |
|-------------------|----------------------|
| <b>LENS EXTRA</b> | <input type="text"/> |
|-------------------|----------------------|

### PLEASE STATE FRAME TO BE GLAZED

| MODEL                | SIZE                 | COLOUR               |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### HOW TO ORDER

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**Please Note: The Occupational lenses we provide are fully compensated freeform lenses calculated to working distance and not degression.**

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