

Radiation protection for the eyes

To Order:

■ **24-HOUR FAX**
800-437-2966

■ **PHONE 888-625-4633**
8:00AM-8:00PM
Eastern Time, Monday-Friday

■ **Member GHX • EDI Compliant**

■ **MAIL**
AliMed®
Order Department
297 High Street
P.O. Box 9135
Dedham, MA 02026-9135

■ **ON-LINE CATALOG**
www.AliMed.com

■ **CHARGE IT**
By fax, phone, mail or on-line



■ **SHIPPING**
All prices are FOB our plant.
Shipping is additional.

■ **QUESTION OR RETURN?**
Call 888-625-4633, ext. 6901



Prescription Leaded Eyewear Order Form

To Order: Please fax this form to 800-437-2966

Bill to: _____

Facility Name: _____ Customer # _____

Attn: _____

Address _____

City _____ State _____ Zip _____

Phone # () _____ Ext _____ Fax # () _____

Ship to: (if different than bill to) _____

Facility Name: _____ Customer # _____

Attn: _____

Address _____

City _____ State _____ Zip _____

Phone # () _____ Ext _____ Fax # () _____

Ordering Information

Item #	Description	Price	Qty.	Total	PO #

Patient Name: _____ Prescription Date: _____

IMPORTANT: For proper prescription centering, *PD must be included.* if you do not have all information, please have the order form filled out by your optometrist. Incomplete orders cannot be processed.
Sorry, no returns on prescription eyewear.

Single Vision Bifocal

NEAR		SPHERICAL	CYLINDRICAL	AXIS	PRISM	BASE
	R					
L						
DISTANT		ADD FOR READING	SEGMENT HEIGHT		SEGMENT WIDTH	
	R					
	L					
		PD (PUPILLARY DISTANCE) REQUIRED	DISTANT		NEAR	