

EYEGLOSS ORDERING FORM



OHIO REFORMARTORY FOR WOMEN OPTICAL LAB
1479 COLLINS AVE
MARYSVILLE, OH 43040

DATE: _____

PATIENTS NAME: _____

ID Number: _____

(AHC Staff will assign ID number)

SPHERE		CYLINDER		AXIS	DEC.	PRISM	BASE
R							
L							
A	SEG. HGT	SEG. INSET	TOTAL	PD.FAR R	PD.NEAR R	EYE	BRIDGE
D				PD.FAR L	PD.NEAR L	VERT	ED
FRAME-NAME & COLOR				TEMPLE LENGTH		SUPPLY FRAME	POLY
						FRAME ENCLOSED	PLASTIC
SV	ROUND	FT.-25	FT.-28				

SPECIAL INSTRUCTIONS: _____

O.P.I OPTICAL LAB RESERVES THE RIGHT TO SUBSTITUTE LIKE FRAMES AND LENSES TO PROVIDE A FUNCTIONAL HIGH QUALITY, COST EFFICIENT PRODUBT WITH A MINIMUM TURN AROUND TIME.

DR. ADDRESS:

DATE REC'D: _____

DATE SHIPPED: _____

EYEGLOSS TOTAL = \$30.00

Patient should send a money order for TOTAL amount due to:

Access HealthColumbus (AHC)
61 Jefferson Ave.
Columbus, Oh 43215

Eyeglasses will be ordered once we receive this payment. Once payment is received it may take up to 8 weeks to receive your glasses. Any delay in making payment will increase the amount of time in which you will receive your glasses.