

Prescription Information

Have your eye doctor fill out and sign this form, or send us a copy of a recent prescription (within one to two years, depending on state) signed by your doctor. Order form must include the PD (Pupillary Distance.)

Fax your completed, signed order form with your prescription or this form to: (505) 344-1426 or mail to:

Chase Ergonomics, Inc., PO Box 92497, Albuquerque NM 87199-2497

Chase Ergonomics, Inc.
 (800) 621-5436
 Fax: (505) 344-1426
 bodyglovesafety@chaseergo.com



BODY GLOVE
 PROTECT THE CORE

FORM 0905A

Distance	Sphere	Cylinder	Axis	Prism	Base	P.D.
O.D. Right Eye						
O.S. Left eye						

Rx Fill Limitations - Single Vision Only

Pupillary Distance (PD) is required. If blank, Rx cannot be filled and order will be delayed.		Spherical Range +4.00 to - 3.00 D Cylindrical Range +/- 1.50 D Prism to 2 Diopter	
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Due to other restrictions, certain prescriptions within the above limitations may be unfillable. If you have questions about your specific prescription, ask your doctor or call for assistance.

Doctor's Information

Dr.'s Name _____	Dr.'s Lic. # _____
Address _____	Lic. Date _____ Expires _____
Address _____	Notes (PD Required)
City, State, Zip _____	Signature (required) _____
Daytime Phone _____	

Customer Information

Notes:

Customer Name _____

Address _____

Address _____

City, State, Zip _____

Daytime Phone _____

Evening Phone _____

email: _____

FAX or Mail signed doctor's prescription or this signed form with completed Order Form to:

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Albuquerque, NM, USA 87199-2497

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