

TO ORDER

Please print, complete, & mail this order form along with your frame, prescription, & PD to

ReplaceALens
7800 E. ILLIFF Ave. Unit I
Denver, CO 80231

1. Personal Information

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Email _____
Sign me up for the ReplaceALens Email Newsletter ->

2. Payment (Check one)

Check or Money Order is Enclosed
(payable to ReplaceALens)
.....
Credit Card (Visa, MC, or Discover)
 # _____
Exp Date _____ Sec. Code _____
.....
 Call me...for payment information
when my order is complete

3. PD, Prescription, & Pupil Height (Check the appropriate boxes below; PD REQUIRED!)

My PD (distance between pupils): -> is on my Rx or written here: R _____ L _____, or OU _____
 -> is on file (I am a previous customer)
 -> should be read off current lenses (must be your old progressives)
.....
My Prescription: -> is enclosed/attached
 -> should be read off of the enclosed lenses
 -> is on file (I am a previous customer. Please use the most recent Rx)
.....
My Pupil Height: -> has been dotted on each lens OR the current lenses are my old progressives

HD Digital Progressive Lens Order (Follow #'s 4 thru 8, then Total)

4. HD Progressive Type		Lens Material				7. Accessories Check & Add	
Check one box 'select color (if applicable)'		Standard	Thinner		Thinnest		<input type="checkbox"/> New Nosepads \$5.00
		<i>Plastic</i>	<i>Polythin</i>	<i>Trivex</i>	<i>High Index 1.67</i>	<input type="checkbox"/> Ultra Frame Cleaning \$4.00	
Lens Type	Clear	<input type="checkbox"/> \$149	<input type="checkbox"/> \$179	<input type="checkbox"/> \$189	<input type="checkbox"/> \$279	8. Return Shipping Check & Add	
	Transitions 6 Lenses (Color Changing) <input type="checkbox"/> Grey <input type="checkbox"/> Brown	<input type="checkbox"/> \$239	<input type="checkbox"/> \$269	<input type="checkbox"/> \$319	<input type="checkbox"/> \$389	<input type="checkbox"/> USPS First Class Mail FREE	<input type="checkbox"/> USPS Priority Mail \$7.50
	Polarized Sunglass Lenses (Tint Included) <input type="checkbox"/> Grey <input type="checkbox"/> Brown	<input type="checkbox"/> \$239	<input type="checkbox"/> \$269	<input type="checkbox"/> \$319	<input type="checkbox"/> \$399	<input type="checkbox"/> 2-Day Air (w/Track & Ins.) \$20.00	Add Insurance (for loss protection) \$2 per \$100 coverage \$
	Drivewear (Polarized & Transitions)	<input type="checkbox"/> \$319	<input type="checkbox"/> \$339	N/A	N/A	Order Totals (Add #'s 4-8)	
5. Anti-Glare Coatings		<i>Add to eliminate reflections and glare!</i>				4. Progressive Type \$	
<input type="checkbox"/> SS Premium AR Coating: <i>Easy to clean, top quality</i>						5. Anti-Glare Coating \$	
<input type="checkbox"/> Back Side Anti-Glare: <i>Perfect for sunglass lenses</i>						6. Frame Type \$	
6. Frame Type Add Cost		<i>Please select your frame type</i>				7. Accessories \$	
<input type="checkbox"/> Full Rimmed (No Charge)		<input type="checkbox"/> Drilled Rimless (\$45.00)				8. Shipping \$	
<input type="checkbox"/> Semi-Rimless (\$15.00)		<input type="checkbox"/> High Wrap (\$25.00)				GRAND TOTAL \$	
*Questions: Call 1.800.752.5572 *Avg. processing is 1-2 weeks							