

TO ORDER →

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

ReplaceALens
7800 E. ILIFF 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____(one #)
 -> is on file (I am a previous customer)
 -> should be read off current lenses (must be yours & same lens type)

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

Eyeglass Lens Order (Follow #'s 4 thru 9, then Total) FREE Anti-Scratch!

4. Base Lens Type

		Lens Material		
<i>Check one box & add</i>		Plastic	Polythin	Index 1.67
Lens Type	Single Vision	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$85
	Bi-Focal (with a line)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$65	<input type="checkbox"/> \$150
	Tri-Focal (lined)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$110	n/a
	Progressive (no-line)	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150
	Drivewear - SV	<input type="checkbox"/> \$120	<input type="checkbox"/> \$150	n/a
	Drivewear - FT28	<input type="checkbox"/> \$175	n/a	n/a
	Drivewear - Progressive	<input type="checkbox"/> \$195	<input type="checkbox"/> \$235	n/a

5. Specialty Lenses (add)

	Plastic	Polythin	1.67
Transitions 6 (color-changing)	\$55	\$60	\$65
<input type="checkbox"/> Grey <input type="checkbox"/> Brown	<input type="checkbox"/> Trans Xtra Active (grey) -> \$90		
Polarized (80% dark tint incl.)	\$55	\$60	n/a
<input type="checkbox"/> Grey <input type="checkbox"/> Brown			
Sunglass Tint (80% dark) Color->	<input type="checkbox"/> Grey <input type="checkbox"/> Brown ->	\$20	
Mirror Coat Color->	<input type="checkbox"/> Sil <input type="checkbox"/> Blue <input type="checkbox"/> Blk <input type="checkbox"/> Gld ->	\$25	

6. Anti-Glare Coatings

Add to eliminate reflections and glare!

<input type="checkbox"/> Standard Anti-Glare(AR) Coating: For clearer vision	\$35
<input type="checkbox"/> SS Premium AR Coating: 10x Easier to clean	\$50
<input type="checkbox"/> Back Side Anti-Glare: Perfect for sunglass lenses	\$30

7. Accessories

Restore & Protect (check & add)

New Nosepads (\$5) Frame Cleaning (\$3) Black Hard Case (\$4)

8. Frame Type (Check & Add)

<input type="checkbox"/> Full Rimmed	no charge
<input type="checkbox"/> Semi-Rimless (no bottom)	\$15
<input type="checkbox"/> Drilled-Rimless (no rim)	\$45
<input type="checkbox"/> High Wrap (high curve)	\$25

9. Return Shipping (Check & Add)

<input type="checkbox"/> USPS First Class Mail	\$5.00
<input type="checkbox"/> USPS Priority Mail	\$7.50
<input type="checkbox"/> 2-Day Air (w/Track & Ins.)	\$20.00

Add Insurance (for loss protection)

\$2 per \$100 coverage \$

Order Totals (Add #'s 4-9)

4. Base Lens Type	\$
5. Specialty Lenses	\$
6. Anti-Glare Coating	\$
7. Accessories	\$
8. Frame	\$
9. Shipping	\$

GRAND TOTAL \$

Avg. Processing Time 1-2 Weeks

Questions? Call 1.800.752.5572