



Ptosis Prop Order Form

Complete and return form along with the spectacles to be modified to the address below. Once the modifications have been made, your spectacles will be returned by insured post to the address you supply.

CONTACT NAME _____

COMPANY _____

ADDRESS _____

POSTCODE _____

EMAIL _____

TELEPHONE _____

ORDER DATE (DD/MM/YYYY) _____

PURCHASE ORDER No. _____

SPECIAL INSTRUCTIONS

PREFERRED PROP TYPE
Tick required Prop and gauge option where applicable.

<input type="checkbox"/> LUNDIE LOOP	→	<input type="checkbox"/> STD 0.76mm	<input type="checkbox"/> LIGHT 0.60mm
<input type="checkbox"/> HALF LOOP	→	<input type="checkbox"/> STD 0.76mm	<input type="checkbox"/> LIGHT 0.60mm
<input type="checkbox"/> NYLON LOOP			
<input type="checkbox"/> 3D PRINTED BAR			
<input type="checkbox"/> SPRING BAR			
<input type="checkbox"/> OTHER (<i>Specify</i>)	→	<input style="width: 150px; height: 20px;" type="text"/>	


BILLING ADDRESS (if different from delivery address)

COMPANY _____

ADDRESS _____


POSTCODE _____

FITTING DISTANCES



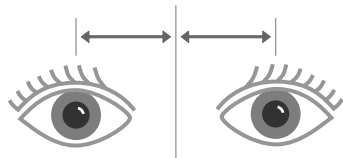
HORIZONTAL FITTING DISTANCE

(R) _____ mm (L) _____ mm



VERTICAL FITTING DISTANCE

(R) _____ mm (L) _____ mm



PUPIL DISTANCE

(R) _____ mm (L) _____ mm

Print completed form and return with your spectacles to:

Spec-Care Ltd.
Unit 8, Kingfisher Court
Pinhoe Trading Estate
Venny Bridge
Pinhoe
Exeter
Devon
EX4 8JN

NOTES