SAMPURNA HOME FURNISHINGS PRIVATE LIMITED

Prescription Eyeglasses/Prescription Sunglasses Order Form

ORDER DATE _____ **ORDER NUMBER**_____

Customer Name _____

Company Name (if applicable)_____

Phone Number _____

Email Address _____

Shipping Address

Street address_____

City _____

State _____

PIN Code _____

Country _____

Prescription Details

1. **Date of Prescription**_____
2. **Doctor's Name**_____
3. **Optometrist/Clinic Name**_____
4. **Vision Prescription Details (Fill in only if prescription is not attached)**

Eye	Sphere (SPH)	Cylinder (CYL)	Axis	Add (near Vision)	Prism
Right Eye (OD)					
Left Eye (OS)					

5. **Pupillary Distance (PD)**

Right Eye (PD)_____

Left Eye (OS)_____

Total PD_____

Prescription Eyeglasses Frames Selection

1. **Gender** Men
2. **Brand** Emporio Armani
3. **Frame Style (Choose from our Catalogs)** Full Rim
4. **Frame Shape (Choose from our Catalogs)** Round
5. **Frame Material** Metal
6. **Frame Color** _____
7. **Frame Size (If Known)**

   Lens Width_____

   Bridge Size_____

   Temple Length_____
8. **Special Requests/Notes** _____

Lens Options

1. **Lens Type** Single Vision
2. **Lens Coatings** Anti-Reflective (AR)

Prescription Sunglasses Frames Selection

1. **Gender** Men
2. **Brand** Emporio Armani
3. **Frame Style (Choose from our Catalogs)**_____
4. **Lens Tint** Gray
5. **Lens Coatings** Polarized
6. **Special Requests/Notes** _____

Customer Signature_____

Date_____

For multiple orders, multiple order forms can be used.

SAVE