



Roslyn Eye Centre

Order Form

Date _____

Name _____

Address _____

City _____

State _____ Phone # _____

Email _____

CC #    

Exp _____ Sec _____ Contact person _____

Non Prescription

- ___ Qty Fast Freddie Red
- ___ Fast Freddie Black
- ___ Matrix Clear
- ___ Cougar Dark Pink
- ___ Cougar Black
- ___ Forerunner Clear
- ___ Ambassador Clear
- ___ Lieutenant Clear
- ___ Rider Clear
- ___ Rider Jr Clear
- ___ Rider White Camo
- ___ Cruisin Clear
- ___ Full Throttle Clear
- ___ Hercules 2 Clear
- ___ Pro Fro Clear
- ___ Turbo 3T
- ___ MPG-001
- ___ Blue Moon
- ___ Fight Back 3 Clear
- ___ Hercules 2 plus Clear
- ___ Hercules 7 24 White
- ___ Hercules 7 24 H Black
- ___ Hercules 5
- ___ Pink-o Camo Clear

Prescription

- ___ Qty MG1 6008 Pink
- ___ MG2 6008 Orange
- ___ MG5 ZT 35
- ___ MG6 220S Pink
- ___ MG7 220S Black
- ___ MG8 A2500 Black

Over-The-Glasses

- ___ Qty Oversight
- ___ MPG-002
- ___ MPG-004
- ___ MPG-005

Bifocals

- ___ Qty Contender Blue bi Clear
- ___ Apex bi Clear
- ___ Pro Fro bi Clear
- ___ Cougar Pink Clear bi
- ___ C-2 Matt Black bi Clear

_____ Total pieces

Subtotal _____

Tax _____

Shipping _____

Total _____

Date paid ____/____/____

Ship ____/____/____

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 360 Willis Avenue | LIE Exit 37, south 1/4 mile
 Roslyn Heights, NY 11577 | Mon-Fri 9-6 Wed 9-7 Sat 9-5