


STEP 1A: ENTER YOUR PERSONAL INFORMATION					STEP 1B: ENTER YOUR EYE DOCTOR'S INFORMATION	
Patient Name:	First:	Last:	MI:	Optometrist Name:		
PatientPhone:	Primary ( )	Secondary: ( )		Optometrist Phone: ( )	Date:	
Address: (Cannot Ship to PO Box)	Street #	Street Name	City	INTERNAL USE ONLY JOB CONFIRMATION #:	INTERNAL USE ONLY SHIPMENT TRACKING #:	

STEP 2: SELECT YOUR FRAME STYLE CHOICE (CHECK BOX)			FRAME COLOR	COST
<input type="checkbox"/>	52013	Shear - Accepts Prescriptions From -3.00 to +2.50	019	\$84.99
<input type="checkbox"/>	52014	Climb - Accepts Prescriptions From -3.00 to +2.50	019	\$84.99
<input type="checkbox"/>	52015	Deflect - Accepts Prescriptions From -2.00 to +1.00	019	\$84.99
<input type="checkbox"/>	52016	Ascend - Accepts Prescriptions From -2.75 to +1.75	019	\$84.99
<input type="checkbox"/>	52027	Soar - Accepts Prescriptions From -3.50 to +1.75	019	\$84.99
<input type="checkbox"/>	52028	CAVU Full Frame - Accepts Prescriptions From -2.00 to +1.25	019	\$84.99
<input type="checkbox"/>	52033	Burner Full Frame - Accepts Prescriptions From -3.00 to +2.00	019	\$84.99
<input type="checkbox"/>	52029	CAVU Half Frame - Accepts Prescriptions From -1.50 to +.50	019	\$84.99
<input type="checkbox"/>	52035	Burner Half Frame - Accepts Prescriptions From -2.75 to +1.75	920 Matte Black	\$84.99



STEP 3: SELECT YOUR LENS TYPE (CHECK BOX)			
<input type="checkbox"/> SINGLE VISION-PLAIN SINGLEVISION POLYCARBONATE-ADD \$135.00	<input type="checkbox"/> SINGLE VISION-MIRROR SINGLE VISION PC MIRROR-ADD \$165.00	<input type="checkbox"/> SINGLE VISION-POLARIZED SINGLEVISION PC POLARIZED-ADD \$165.00	All styles exceed ANSI Z87.1 2003 & EN 166 (F) High Velocity Impact Safety and Optical Standards. 

STEP 4-A: SELECT YOUR LENS COLOR (CHECK BOX) SELECT ONLY ONE LENS COLOR FROM WITHIN THE SAME COLOR COLUMN AS STEP 3			
<b>STEP 4-A: CHOOSE YOUR LENS COLOR - COMES STANDARD WITH T-SHELL HARDCOAT</b> <input type="checkbox"/> 011 CLEAR (NO TINT) <input type="checkbox"/> 910 NEUTRAL GREY <input type="checkbox"/> 031 SMOKE <input type="checkbox"/> 401 BALLISTIC ORANGE	<b>STEP 4-A: CHOOSE YOUR MIRROR LENS COLOR - COMES STANDARD WITH T-SHELL HARDCOAT</b> <input type="checkbox"/> 915 SILVER MIRROR <input type="checkbox"/> 916 ASPHALT BLUE MIRROR <input type="checkbox"/> 917 FLAME MIRROR	<b>STEP 4-A: CHOOSE YOUR POLARIZED LENS COLOR - COMES STANDARD WITH T-SHELL HARDCOAT</b> <input type="checkbox"/> 913 RANGE READY BROWN POLARIZED Color <input type="checkbox"/> 912 STANDTO GREY POLARIZED	<b>STEP 4-B: CHOOSE (OPTIONAL) LENS COATINGS (CHECK BOX)</b> <input type="checkbox"/> ANTI-REFLECTIVE / OLEOPHOBIC (OIL RESISTANT) COATING-Add \$50.00

STEP 5: ENTER YOUR PRESCRIPTION - A PRESCRIPTION OLDER THAN ONE YEAR IS CONSIDERED EXPIRED									
OCULAR	SPHERE	CYLINDER	AXIS	ADD	PD	PRISM	OC	DATE OF PRESCRIPTION:	Exp. Date:
R (OD)								NOTES:	
L (OS)									

STEP 6: SELECT YOUR SHIPPING METHOD	
<input type="checkbox"/> <b>FREE STANDARD SHIPPING - 5 TO 10 BUSINESS DAYS</b> ALL APO's - ALLOW 4-6 WEEKS FOR DELIVERY	<input type="checkbox"/> <b>15.00 RUSH ORDER - 5 BUSINESS DAYS</b> NOT AVAILABLE ON MIRROR LENS ORDERS

STEP 7: CALCULATE YOUR PRESCRIPTION COST			
INPUT COST IN STEP 2 STYLE CHOICE	\$	A 5.11 Prescription is a custom made for your vision correction. Once your order is placed and payment processed, it cannot be canceled. No refunds or exchanges allowed. 5.11 Prescription Eyewear is warranted against defect in materials and workmanship for 1 year from the date of purchase. 5.11 is not responsible for errors or omissions made in part by you, the customer, as part of this form. By signing below, acknowledge that you have provided 5.11 with your personal eye prescription as dispensed by your licensed Optometrist and you fully understand the terms and conditions of this order	
INPUT COST IN STEP 3 LENS TYPE	\$		
INPUT COST IN STEP 4B- ANTIR COATING-IF APPLICABLE	\$		
INPUT COST IN STEP 6-SHIPPING METHOD-IF APPLICABLE	\$		
TOTAL COST: EQUALS STEP 2 + STEP 3 + STEP 4B + STEP 6	\$	Signature	Date:

**ORDER WILL BE DELAYED IF INFORMATION IS MISSING OR INCORRECT IN STEPS 1-6**  
 >>>> AFTER YOU FAX ORDER, PLEASE CALL 866-451-1726 TO CONFIRM RECEIPT <<<<