



Reglaze Order Form

N.B Off-line order prices vary from those listed on the website due to the amount of work involved in order processing.
Please post this form with your spectacles. Only one form per frame.
If you require anything not listed or need assistance please contact us.

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| STEP 1 Yours Details | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other Date: |
| | First Name: Surname: |
| | Postal Address: Postcode: |
| | Home Tel No:..... Work:..... |
| | Email address: (to keep you updated with the job progress) |

| STEP 2 Your Prescription | PRESCRIPTION DETAILS <input type="checkbox"/> I have faxed my prescription <input type="checkbox"/> I have emailed my prescription <input type="checkbox"/> My prescription is enclosed <input type="checkbox"/> <input type="checkbox"/> I have enclosed my old spectacles for P.D (pupil distance) measurement <input type="checkbox"/> I used them for DISTANCE <input type="checkbox"/> <input type="checkbox"/> READING <input type="checkbox"/> If you have not sent your prescription please fill out the following table with your prescription details. To avoid errors we recommend that you send us a copy of your prescription. We will not accept responsibility for any errors you may make by filling in details incorrectly. Please provide your pupil distance measurement (P.D). We recommend that you have your pupil distance measured by your optician. This measurement is very important, especially on the higher prescriptions. We do not accept orders with prescribed prism of powers of 8.00 dioptres and over. Combined powers over 6.00 and cylinder powers over 2.00 are subject to additional charges. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------|------------|--------|----------|----------|------------------|-----|--------|--------|----------|----------|------|---|--|--|--|--|--|---|--|--|--|--|--|------------------|--|---|--|--|--|------------------|--|---|--|--|--|
| | <table border="1"> <thead> <tr> <th>R</th><th>+/-</th><th>Sphere</th><th>+/-</th><th>Cylinder</th><th>Axis</th><th>L</th><th>+/-</th><th>Sphere</th><th>+/-</th><th>Cylinder</th><th>Axis</th></tr> </thead> <tbody> <tr> <td>R</td><td></td><td></td><td></td><td></td><td></td><td>L</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Reading Addition</td><td colspan="2">+</td><td colspan="2"></td><td colspan="2">Reading Addition</td><td colspan="2">+</td><td colspan="2"></td></tr> </tbody> </table> | R | +/- | Sphere | +/- | Cylinder | Axis | L | +/- | Sphere | +/- | Cylinder | Axis | R | | | | | | L | | | | | | Reading Addition | | + | | | | Reading Addition | | + | | | |
| | R | +/- | Sphere | +/- | Cylinder | Axis | L | +/- | Sphere | +/- | Cylinder | Axis | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | | | | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reading Addition | | + | | | | Reading Addition | | + | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Pupil Distance Measurement P.D</td><td></td><td>Mono P.D's</td><td>R</td><td></td><td>L</td><td></td></tr> </table> | Pupil Distance Measurement P.D | | Mono P.D's | R | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pupil Distance Measurement P.D | | Mono P.D's | R | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vertex Distance (if supplied) Any other information Date of sight test: Optician: Address: Tel: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> I am over 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| STEP 3 Glazing Charges | <input type="checkbox"/> Fully rimmed ~ metal or plastics (£8.50) | Frame Make / Model: |
| | <input type="checkbox"/> Semi rimless ~ Nylon supra frames (£15.50) | Colour: |
| | <input type="checkbox"/> Rimless glazing from £7.70 per hole (P.O.A) | |

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| STEP 4 Lens Selection | LENS TYPE (tick one) <input type="checkbox"/> Single Vision (£12.50) <input type="checkbox"/> Bifocal Lenses (£24) Segment sizes and shape (D segs or Round) <input type="checkbox"/> D 25 <input type="checkbox"/> D 28 <input type="checkbox"/> R 24 <input type="checkbox"/> R28 <input type="checkbox"/> R 38 <input type="checkbox"/> Varifocals (from £56.00) - Call for prices <input type="checkbox"/> Other | PLEASE SPECIFY <input type="checkbox"/> Distance Glasses <input type="checkbox"/> Intermediate Glasses <input type="checkbox"/> Reading Glasses <input type="checkbox"/> Other |
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| <p>STEP 5</p> <p>Optional Extras</p> | <p>Please tick</p> <p><input type="checkbox"/> Anti-reflective coating (+£18)</p> <p><input type="checkbox"/> Anti-reflective coating for tinted lenses (+£35)</p> <p><input type="checkbox"/> Essilor Crizal Easy® MAR coating (+£30)</p> <p><input type="checkbox"/> Essilor Crizal Forte® HMAR coating (+£45)</p> <p><input type="checkbox"/> Scratch resistant coating (£12)</p> <p><input type="checkbox"/> Essilor SUPRA scratch resistant coating (+£15)</p> <p><input type="checkbox"/> Polarised Lenses (includes UV400 protection & hardcoat) Single vision +£70 D28 Bifocals+ £95</p> <p><input type="checkbox"/> Transitions - Generation V</p> <p>Please select a colour: <input type="checkbox"/> BROWN <input type="checkbox"/> GREY (includes UV400 protection & hardcoat) Single Vision+ £48 Bifocals+ £98</p> | <p><input type="checkbox"/> UV400 Protective coating (£15)</p> <p><input type="checkbox"/> Tints (+ £15) Includes UV400 FREE All sunglass packages include tint and UV400 Please select a colour <input type="checkbox"/> Sun Brown <input type="checkbox"/> Sun Grey <input type="checkbox"/> Other</p> <p>(call to check availability of other colours)</p> <p><input type="checkbox"/> Light 80% <input type="checkbox"/> Med 60% <input type="checkbox"/> Dark 25%</p> <p><input type="checkbox"/> Very Dark 15%</p> <p>Thin & Light High Index Lenses</p> <p><input type="checkbox"/> 1.61 High Index Single Vision (+£45)</p> <p><input type="checkbox"/> 1.67 High Index Single Vision (+£65)</p> <p><input type="checkbox"/> 1.74 V High Index Single Vision (+£115)</p> <p><input type="checkbox"/> 1.6 High Index D28 Bifocals (+£85) (call to check for other lens options)</p> |
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| <p>STEP 6</p> <p>Cost Totals</p> | <p>Total Cost</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">£</th> <th style="width: 10%; text-align: center;">p</th> </tr> </thead> <tbody> <tr> <td>Glazing charges</td> <td></td> <td></td> </tr> <tr> <td>Lenses</td> <td></td> <td></td> </tr> <tr> <td>Optional Extras</td> <td></td> <td></td> </tr> <tr> <td>1st Class Recorded P&P Add £4.25 for orders up to £30</td> <td></td> <td></td> </tr> <tr> <td>Special Delivery for ALL orders over £30 Add £7.00(UK)</td> <td></td> <td></td> </tr> <tr> <td>International postage Add £8.50</td> <td></td> <td></td> </tr> <tr> <td>For more than one frame Add £1.50 per additional item</td> <td></td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> </tr> </tbody> </table> | | £ | p | Glazing charges | | | Lenses | | | Optional Extras | | | 1 st Class Recorded P&P Add £4.25 for orders up to £30 | | | Special Delivery for ALL orders over £30 Add £7.00(UK) | | | International postage Add £8.50 | | | For more than one frame Add £1.50 per additional item | | | OTHER | | | TOTAL | | |
|---|---|---|---|---|------------------------|--|--|---------------|--|--|------------------------|--|--|---|--|--|--|--|--|---------------------------------|--|--|---|--|--|--------------|--|--|--------------|--|--|
| | £ | p | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>STEP 7</p> <p>Payment Method</p> | <p>PAYMENT METHOD</p> <p><input type="checkbox"/> Cheque <input type="checkbox"/> Postal Order (please make cheques payable to: ORKNEY OPTICAL LABORATORY)</p> <p>Credit/Debit Card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Type of card: <input type="checkbox"/> Visa Electron <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Maestro <input type="checkbox"/> Solo <input type="checkbox"/> American Express</p> <p>Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Security Code <input type="text"/> <input type="text"/> <input type="text"/> **Issue No. <input type="text"/> <input type="text"/></p> <p>*Security code is the last digits from the signature strip on the back of the card **Issue number for Maestro etc. if applicable</p> <p>I have read and agree to your terms and conditions. I am not registered partially sighted and I am over the age of 18.</p> <p>Signed:.....</p> <p>We endeavor to dispatch jobs within 10 to 14 working days. However please allow up to 28 days for delivery. We shall notify you if an item is out of stock or we expect any delays. The information you have provided is for the sole use of Orkney Optical Laboratory and shall not be share with third parties. We may wish to contact you with details of promotions or special offers. Please tick this box if you do not wish to receive any further information <input type="checkbox"/></p> |
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Please Post Your Order To:
Orkney Optical Laboratory, Garisle, Burray,
Orkney, Scotland. KW17 2SS
Tel: 0871 288 7312

