

**STEP 1 YOUR FRAMES** Please send me

FRAME NAME/ CODE: ..... COLOUR: ..... DATE: .....

**STEP 2 YOUR LENS TYPE** (please tick one option)

- Single Vision ( FREE ) PLEASE SPECIFY:  Reading  Distance  
 Bifocal Vision ( \$ 45 )

**STEP 3 YOUR OPTIONAL EXTRAS** (please tick)

- To read my prescription from my existing glasses ( \$ 25 )  
 Anti-reflective coating ( \$ 35 )  Sun-reactive coating (includes UV protection)  
 Scratch resistant coating ( FREE )  Brown ( \$ 50 )  Grey ( \$ 50 )  
 UV protective coating ( \$ 35 )  Make my lenses thinner  
 Sunglasses tint ( \$ 40 )  Single vision (1.6) ( \$ 45 )  Bifocal (1.6) ( \$ 45 )
- Please choose your sunglasses tint:  
 Brown  Grey  Green
- \*Please note costs above to add coatings onto bifocals are in addition to the \$45 cost for bifocal lenses.

**STEP 4 YOUR PROMOTIONAL CODE**

If you have a promotional number please write it in the box.

**STEP 5 YOUR PRESCRIPTION DETAILS**

- If you have enclosed your prescription separately, please tick this box   
If you are enclosing your old glasses, for us to read the prescription off, please tick here (extra cost of \$ 25)

**Pupillary Distance**

If your prescription does not include a pupillary distance (or PD) measurement please see [www.focalise.com.au/index/faq#whatismypupillarydistance](http://www.focalise.com.au/index/faq#whatismypupillarydistance) before ordering, as we will make up your glasses to an average PD.

If you have not enclosed your prescription or glasses, please fill out the following.  
Please also indicate ( + ) and ( - ) signs.

RIGHT EYE			VISION	LEFT EYE		
SPH	CYL	AXIS		SPH	CYL	AXIS
			DISTANCE			
			NEAR			

Reading Addition (ADD)

Pupillary Distance

**STEP 6 YOUR TOTAL COST CALCULATIONS**

- Step 1 - Frame type   
Step 2 - Lens Type   
Step 3 - Optional Extras   
Step 4 - Less promotional discount (please write the dollar amount here)   
Postage and Packaging ( \$ 4.50 per pair within Australia only - for international rates refer to the FAQ section at <http://www.focalise.com.au/index/faq> )   
**FINAL TOTAL**

**STEP 7 YOUR SHIPPING DETAILS**  Mr  Mrs  Ms  Miss  Other.....

First names.....  
Surname.....  
Full Address.....  
Daytime Phone number (please include area code).....  
Email address..... Date of Birth.....  
How did you hear about us?.....

**STEP 8 YOUR METHOD OF PAYMENT**

- Cheque (made payable to Focalise Eyewear)   
Credit/Debit Card Number   
Type of card  VISA  Mastercard  
Full name on credit card..... Expiry Date ...../.....  
Security Code ..... (Note: The security code is the last 3 digits on signature strip of credit card)

**Terms and Conditions**

I confirm that I have read and agree to the terms and conditions at <http://www.focalise.com.au/index/terms1>

**Your age**

I certify that I am over 18 years old and that I am not registered blind or partially sighted. I certify that I am in possession of a written prescription given to me by a registered medical practitioner or a registered optometrist less than two years ago, or if I am 70 years old or over, less than one year ago.

**Please expect delivery within 28 days of receipt**

The information you provide will only be used by Focalise Eyewear. Focalise Eyewear may wish to contact you with details of offers and products. Please tick this box if you do wish to receive further information

**PLEASE POST YOUR ORDER FORM TO: Focalise Eyewear, PO Box 350, Cooma North, NSW, 2630.**

**OR FAX YOUR ORDER FORM TO: 1300 793 580 ANY QUESTIONS CALL US ON: 1300 793 530**