



CANADIAN PACIFIC RAILWAY / AEARO CANADA LIMITED
PRESCRIPTION SAFETY EYEWEAR ORDER FORM
PLEASE FAX ORDER TO 1-800-790-9271
CUSTOMER SERVICE / ORDER DESK: 1-800-268-4031

****PLEASE COMPLETE ALL AREAS FULLY AND LEGIBLY TO AVOID DELAYS IN PROCESSING****

Rev H 10/24/06 SRxF085

DATE		SUPERVISOR NAME	
EMPLOYEE NAME		SUPERVISOR SIGNATURE	
CPR EMPLOYEE NUMBER		SUPERVISOR WORK/CELL #	
CPR EMPLOYEE COST CENTRE		EMPLOYEE POSITION	
CPR COST ELEMENT		EMPLOYEE SIGNATURE	
DEPARTMENT/LOCATION			
****THE ABOVE SECTION MUST BE COMPLETED IN FULL TO ENSURE THAT THE ORDER WILL BE PROCESSED****			
LENS POWER		SPHERE	CYLINDER
RIGHT			
LEFT			
		ADD	SEG HEIGHT
RIGHT			
LEFT			
		AXIS	DIST P.D.
		PRISM	NEAR P.D.
		BASE	
LENS MATERIAL	<input type="checkbox"/> PLASTIC CR-39® (SUNGLASSES)	<input type="checkbox"/> DURALITE® - POLYCARBONATE (CLEAR LENSES)	
LENS STYLE	<input type="checkbox"/> SINGLE VISION	<input type="checkbox"/> DOUBLE SEG 28	
	<input type="checkbox"/> FLAT TOP BIFOCAL 28 35	<input type="checkbox"/> FLAT TOP TRIFOCAL	
	<input type="checkbox"/> EXECUTIVE® BIFOCAL	<input type="checkbox"/> PROGRESSIVE	
	<input type="checkbox"/> ROUND SEG BIFOCAL (22 ONLY)	PLEASE SPECIFY TYPE OF PROGRESSIVE _____	
LENS OPTIONS	PLASTIC CR-39® (SUNGLASSES)	DURALITE® - POLYCARBONATE (CLEAR LENSES)	
	<input checked="" type="checkbox"/> TRUE COLOR GRAY TINT ONLY MAXIMUM 80%, PLEASE SPECIFY % _____ <input checked="" type="checkbox"/> AEARO SCRATCH RESISTANT COATING <input checked="" type="checkbox"/> UV 400 COATING <input type="checkbox"/> ANTI REFLECTIVE COATING ***UPGRADE - EMPLOYEE TO PAY DISPENSER FOR THIS OPTION***	<input checked="" type="checkbox"/> CLEAR <input checked="" type="checkbox"/> AEARO SCRATCH RESISTANT COATING <input checked="" type="checkbox"/> UV 400 COATING <input type="checkbox"/> ANTI REFLECTIVE COATING ***UPGRADE - EMPLOYEE TO PAY DISPENSER FOR THIS OPTION***	
FRAME	STYLE	SIZE	COLOR
SIDESHIELDS	<input checked="" type="checkbox"/> MANDATORY PERMANENT (PER PROGRAM SPECIFICATIONS)		
SPECIAL INSTRUCTIONS	EMPLOYEE TO SUBMIT A SEPARATE ORDER FORM FOR EACH PAIR OF GLASSES		
THIS RX WILL BE FABRICATED TO MEET REQUIREMENTS OF CSA Z94.3 OUR AOSAFETY LAB IS ISO 9001:2000 CERTIFIED and CSA CERTIFIED			
SHIP-TO DISPENSER NAME	_____		
DISPENSER ADDRESS	_____		
DISPENSER SIGNATURE	_____	DATE	_____ TELEPHONE _____