

# Requisition for work glasses

Invoice address: .....  
 .....  
 .....

## To be completed by the company

Name of employee: .....  
 .....  
 Birthday and year: .....  
 Emp. no.: ..... Section: .....  
 Phone: .....  
 Mail: .....  
 Need to see within arm's length:  Yes  No  
 NB: Distance is noted here: ..... cm  
 Need to look in the room:  Yes  No  
 Need new frame:  Yes  No

## To be completed by the store

Spectacle correction:

R:	sph:	cyl:	axe:	add:
L:	sph:	cyl:	axe:	add:

Need for spectacles:  Yes  No

Need for new lenses:  Yes  No

Notes: .....  
 .....  
 .....  
 Add: ..... cm

BtB code: .....  
 Customer no: .....  
 Requisition no: .....

Single  Bifocal  
 Progressive  Near progressive

Company stamp

.....  
 Requested by (the company stamp/signature and date)

Company stamp

.....  
 Requested by (the company stamp/signature and date)

Frame: Synoptik acetate and metal

Consulting service, the: .....  
 Consultant, Synoptik Business