

# Requisition form: Vision test / Computer glasses

Book your appointment at på [www.synoptik.dk/bestil-tid](http://www.synoptik.dk/bestil-tid)

## Filled in by employer or employee

Company name: \_\_\_\_\_

Invoice adress: \_\_\_\_\_

\_\_\_\_\_

CVR-no.: \_\_\_\_\_

Customer no.: DEB \_\_\_\_\_ B2B code: \_\_\_\_\_

EAN: \_\_\_\_\_

## Employee information

Full name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthday and year: \_\_\_\_\_

Phone no.: \_\_\_\_\_

## Information about your work station

The measurements below are necessary for the vision test.  
If needed, have a co-worker assist you.

**A Eye/Screen 1:** *Ex. 60 - 110 cm* \_\_\_\_\_ cm

**A Eye/Skærm 2:** *Ex. 60 - 110 cm* \_\_\_\_\_ cm

**B Eye/Shortestreadingdistance:** *Ex. 30 - 60 cm* \_\_\_\_\_ cm

**C Eye/Keyboard:** *Ex. 40-70 cm* \_\_\_\_\_ cm



## Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Company authorization

The glasses can only be ordered for the employee, after authroization from the department manager.  
The requisition is valid 1 month from the date of issue.

\_\_\_\_\_  
Manager / approver name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager / approver signature