



1-(800) 786-7245

or (805) 684-8393

FAX (800) 733-8224 or (805) 684-8966

6389-B Rose Lane • Carpinteria, California 93013

info@murrays.com • www.murrays.com



PRESCRIPTION GOGGLES RETAIL ORDER FORM

Frame

Quantity

Price

Amount

Molded Rx Frames with Flexible Bridge (Rx lenses may project in front of frame)

Confirm frame:

___ #52-3311 Black Molded Nylon

\$120.00

Select a Nose Bridge

Barz frames come with three different nose bridges. You must determine which bridge fits your face before prescription lenses are ordered because changing the nose bridge will also change the pupillary distance of the lenses. The medium bridge which comes installed on the Barz fits most faces.

Indicate the bridge that fits best: ___ Narrow ___ Medium ___ Wide

Lens Color

52-3100RX Prescription Polycarbonate Lenses: Select color.

___ Blue/Gray ___ Green ___ Gray ___ Brown

___ High Definition Yellow ___ Clear

\$145.00

Lens Options (Please select polarized OR photochromic; sorry, not available together.)

___ Polarized Choose color: ___ Gray ___ Blue/Gray ___ Green ___ Brown

A polarized sunglass lens absorbs glare-causing light and allows the wearer to see objects that would not normally be visible, such as items under the surface of the water. This improves safety and visual acuity while reducing eyestrain.

\$80.00

___ Photochromic (color change activated by UV light). Please indicate color:

___ Grey: clear to medium grey

___ Brown: clear to medium brown

\$80.00

Prescription Lenses

Fill out or attach prescription.

		SPHERICAL	CYLINDRICAL	AXIS
D.V. (DISTANCE VISION)	O.D. (RIGHT)			
	O.S. (LEFT)			
PUPILLARY DISTANCE				

If the pupillary distance is not included on your prescription, you can get it by calling your ophthalmologist/optometrist or the optician that made your last pair of glasses. We cannot have the prescription lenses made for you without the pupillary distance.

← MUST include pupillary distance.

Prices & specifications subject to change.	Shipping & Handling (USA \$7.95)	\$
	California residents add 8.75% sales tax	\$
	TOTAL	\$

Date _____

Name _____ Phone _____

Address _____

Credit Card # or Check # _____ Expiration Date _____

Signature _____ E-mail _____