



REGLAZESPECS.CO.UK  
0161 327 2402  
23 KINROSS AVENUE, HEYWOOD, OL10 3FX

PLEASE COMPLETE AS MUCH OF THE FOLLOWING FORM AS POSSIBLE AND RETURN TO US IN THE BOX PROVIDED  
ALL CUSTOMERS MUST BE OVER THE AGE OF 16 AND MUST NOT BE REGISTERED BLIND OR PARTIALLY SIGHTED.

FULL NAME	
DATE OF BIRTH	
AGE	
ADDRESS	
POST CODE	
PHONE NUMBER / MOBILE PREFERRED	
EMAIL ADDRESS	
HOW WOULD YOU LIKE US TO CONTACT YOU?	EMAIL    PHONE    TEXT
HAVE YOU HAD A SIGHT TEST IN THE LAST 2 YEARS?	YES    NO
WHERE DID YOUR SIGHT TEST TAKE PLACE?	
WHEN DID YOUR SIGHT TEST TAKE PLACE?	
PLEASE ENCLOSE A COPY OF YOUR PRESCRIPTION FOR OUR RECORDS	
HOW DID YOU HEAR ABOUT US?	
<b>OFFER CODE / REFERRAL BY (FULL NAME)</b>	
ENCLOSE YOUR GLASSES WITH YOUR ORDER	
WHICH TYPE OF LENSES DO YOU REQUIRE?	STANDARD SINGLE VISION    BIFOCALS VARIFOCALS
THINNER LENSES?	YES    NO
REACTIVE LENSES?	YES    NO
ANTI REFLECTION	YES    NO
IF YOUR GLASSES DON'T HAVE YOUR OLD LENSES IN - WE MAY REQUIRE AN ADDITIONAL PAIR TO DETERMINE YOUR PUPIL MEASUREMENT.	IF YOU HAVE TO SEND AN ADDITIONAL PAIR, IT DOES'NT HAVE TO BE YOUR MOST RECENT

By signing below you are agreeing with the terms and conditions set out at [reglazespecs.co.uk](http://reglazespecs.co.uk)

WE WILL CALL YOU TO FINALISE YOUR ORDER ONCE WE RECEIVE YOUR PARCEL

I CONFIRM THAT I'M OVER THE AGE OF 16 AND NOT REGISTERED BLIND OR PARTIALLY SIGHTED

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_