



REGLAZESPECS.CO.UK
 0161 327 2402
 42 Blackburn St, Radcliffe, M26 1NQ

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?	
OFFER CODE / REFERRAL BY (FULL NAME)	
ENCLOSE YOUR GLASSES WITH YOUR ORDER	
WHICH TYPE OF LENSES DO YOU REQUIRE?	SINGLE VISION / BIFOCALS / VARIFOCALS
ONLY IF YOU REQUIRE BIFOCAL / VARIFOCAL LENSES	Please enclose a passport like picture whilst wearing your glasses - you can send your picture to our email address at admin@reglazespecs.co.uk
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 THIS FORM YOU ARE AGREEING TO THE TERMS AND CONDITIONS SET OUT AT REGALZESPECS.CO.UK

**SEND YOU SPECS TO US TOGETHER WITH YOUR PRESCRIPTION VIA ROYAL MAIL
 (if you order is £26.00 or more we will credit your order £3.40 for your shipping costs)**

WE WILL CALL YOU TO FINALISE YOUR ORDER ONCE WE HAVE RECEIVED YOUR PARCEL

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

SIGNED _____ DATE _____