

Visions of Canada

80 Park Street W
Windsor, Ontario
Canada N9A 7A8

Fax this Client Preparation Form to: **519-254-8420**
Email photos to: **paul@visionsofcanada.com**

Have questions? Call us toll-free: **1-800-743-5367**
Local Phone: **519-254-8488**



Client Preparation Form

Visions of Canada values your privacy and keeps all information confidential.
When completed fax this form 15 minutes before calling to order your eyeglasses.

Name: _____

Address: _____

City: _____

State/Province: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Best Time to Call: _____

Have you been diagnosed as having one or more of the following conditions:

Macular Degeneration: YES NO

Cataracts: YES NO

Have you had cataract surgery? YES NO

Glaucoma: YES NO

Retinal Detachment: YES NO

Diabetes: YES NO

Date of Most Recent Eye Exam: Day _____ Month _____ Year _____

Doctor's Name: _____

Doctor's Phone Number: _____

Email Address & Newsletter

Print clearly your email address below:

Sample: paul@visionsofcanada.com

_____ @ _____ . _____
Email Alias Address Domain Name Extension

Your email address is used for private communications with you. We do not sell or distribute email addresses to anyone. If you would like to subscribe to our newsletter please check the appropriate:

Newsletter Subscription: Yes No

If photos are readily available, please email two photos of yourself wearing eyeglasses. A Frontal view and Side view. If you are not currently wearing eyeglasses send only a Frontal view.

Date of Birth: D ____ M ____ Y ____

Gender: Male Female

Have you ever worn? (Check all that apply)

Line Bifocals

No-Line Bifocals

Progressive Lenses

Description of your previous eyeglass?

Model of Frame	
Size of Frame	
Approximate Age	
Style of Len	

Have you had Lasik Surgery?

NO YES

If yes, in what year? _____

What is your current prescription?	Sphere	Cylinder	Axis	Prism	ADD
Right Eye (OD)					
Left Eye (OS)					

Instructions for your Doctor: If you are having an new eye exam please make sure your doctor provides this information below:

A. Pupillary Distance: _____ mm The distance between your pupil centers (visual axis) measured in millimeters.

B. Monocular Pupillary Distance RIGHT _____ mm The distance between your pupil centers (visual axis) of your right eye to the center of your nose, measured in millimeters.

C. Monocular Pupillary Distance LEFT _____ mm The distance between your pupil centers (visual axis) of your left eye to the center of your nose, measured in millimeters.

D. Segment Height _____ mm Segment heights vary according to the lens shape that you choose. If you currently wear eyeglasses, what are your segment heights, that is **the distance between the bottom of the lens to your pupil centers.**