

You will be provided with a tester frame that you choose from the list below and a prescription order form to take to your personal eye care professional to complete with your prescription and measurements. **MOST is not responsible for any costs incurred in obtaining the prescription.** Call the MOST office (1-800-395-1089) or fax your order in (913-281-0037). **This is not the prescription form so please do not send your prescription with this request form.**

Hudson H-1



Hudson H-1

- Black/Orange color – size 56-20-130
- Non-Conductive
- Soft, Adjustable nose pads
- Removable foam Brow Protection
- Built in top and side shield protection
- Meets ANSI Z87.1 Standard

OnGuard 220



OnGuard 220

- Black Nylon frame
- Removable dust dam included
- Flex finger bridge conforms to any nasal profile
- Contemporary, sports styling with integrated side protection
- Meets ANSI Z87.1 Standard

Dust Buster



Dust Buster

- Small frame and dual lens adaptable to wide range of Rx's
- Telescoping temples to maximize comfort and fit
- Foam Elemental Deflectors seal eye region from airborne particles
- Meets ANSI Z87.1 Standard

OnGuard 220FS



OnGuard 220FS

- Black Nylon Frame
- Non-Conductive
- Flex finger bridge conforms to any nasal profile
- Removable full eye seal protects against dust and dirt in extreme conditions
- Indirect venting improves airflow and reduces fogging
- Black adjustable head strap
- Meets ANSI Z87.1 Standard

Titmus – SW07



Titmus – SW07

- Nylon-based material withstands high heat and chemicals.
- Removable/replaceable closed cell foam insert (covers whole eye)
- Multi-sized nose pads, adjustable strap, and regular temple options
- Face-form wrap for enhanced coverage
- Extended and integrated side shield design
- Meets ANSI Z87.1 Standard

Please select a frame style from above. Complete your request by calling (1-800-395-1089 ext. 325), Faxing (913-281-0037) or Mailing this form to the MOST office.

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Home Local: _____ Date of Birth: _____

Social Security Number: _____