

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 **Hudson W-2 Black Fade** Hudson W-2 Black Fade Permanently attached sideshields Spring Hinges Adjustable nose pads and temple tips Meets ANSI Z87.1 Standard **Hudson W-2 Clear** Hudson W-2 Clear Permanently attached sideshields Spring Hinges Adjustable nose pads and temple tips Meets ANSI Z87.1 Standard



OnGuard 225 Silver/Navv

## OnGuard 225 Silver/Navy

- Removable dust dam
- Integrated sideshield
- Adjustable temples
- Meets ANSI Z87.1 Standard

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	OnGuard	225	Navy/Orange

## OnGuard 225 Navy/Orange Removable dust dam

- - Integrated sideshield
  - Adjustable temples
    Meets ANSI 787 1 S

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:		

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