

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.

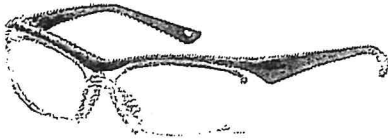
Hudson H-1



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

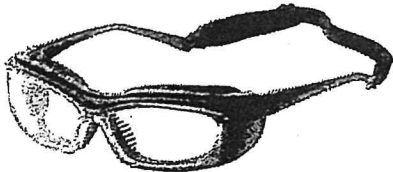
Dust Buster



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

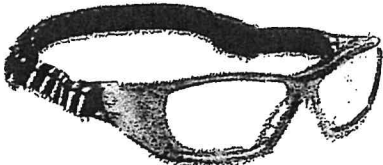
OnGuard 220FS



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: _____