

**SYNOPTIK**

**Order form for purchase of glasses**  
To be completed before visiting the optician

Videoscreen glasses:

Protective glasses: \_\_\_\_\_:

Company: **Lund University**

Name: \_\_\_\_\_

Corporate Identification Number: **202100-3211** Date of birth: \_\_\_\_\_

Invoicing address:

**Lund University**  
**Box 188**  
**221 00 Lund**

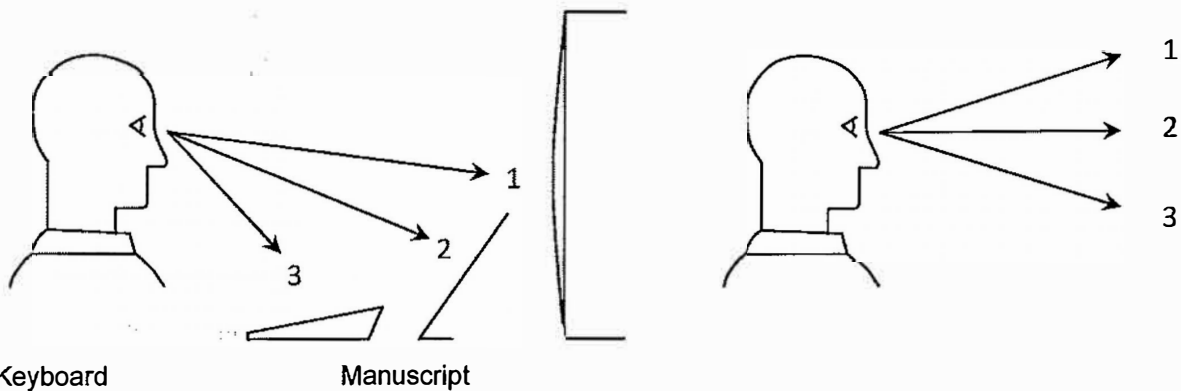
Invoice reference: \_\_\_\_\_

**Viewing distance for various work duties**

Video screen work

Other work-related distance \_\_\_\_\_

Measure the distance  
Fill in the measurements



Keyboard

Manuscript

Description of main work duties: \_\_\_\_\_

Vision problems at work: Yes \_\_\_\_\_

No \_\_\_\_\_

Type of problems: \_\_\_\_\_

Screen hours: \_\_\_\_\_ /day \_\_\_\_\_

This order is valid for two months from the date of signature.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of certifying superior

\_\_\_\_\_  
Clarification of name