

FAX YOUR ORDER TO 1-866-333-6810
PHONE YOUR ORDER TO 1-866-333-6888

Order Information:	
BRAND NAME OF LENSES:	PRICE PER BOX: \$
QUANTITY (FOR LEFT EYE):	QUANTITY (FOR RIGHT EYE):
DETAILS (FOR OS):	DETAILS (FOR OD):
POWER (SPHERE):	POWER (SPHERE):
BASE CURVE (BC):	BASE CURVE (BC):
DIAMETER (DIA):	DIAMETER (DIA):
COLOR:	COLOR:
CYLINDER (TORIC LENS):	CYLINDER (TORIC LENS):
AXIS (TORIC LENS):	AXIS (TORIC LENS):
BRAND NAME OF FRAMES:	PRICE: \$
POWER (SPHERE):	POWER (SPHERE):
CYLINDER (TORIC LENS):	CYLINDER (TORIC LENS):
AXIS (TORIC LENS):	AXIS (TORIC LENS):
PUPILLARY DISTANCE (PD):	
TINT:	
LENS:	
ADDITIONAL PRODUCTS:	PRICE: \$

Eye Care Practitioner Information:	
PATIENT NAME: _____	PATIENT D.O.B.: _____
DOCTOR NAME: _____	
PH #: _____	FAX #: _____

Delivery Information:
NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____
COUNTRY: _____ ZIP CODE: _____
SHIPPING METHOD: (Put X in blank)
USPS Priority Ground \$6.95 (Free standard shipping on all orders over \$99) <input type="checkbox"/>
FedEx Overnight Express \$9.99 (Free FedEx overnight shipping on all orders over \$199) <input type="checkbox"/>
International Ground \$13.95 (Free standard shipping on all orders over \$89) <input type="checkbox"/>
FedEx International Overnight \$38.99 <input type="checkbox"/>

Contact Information:
EMAIL ADDRESS: _____ FAX NUMBER: _____
PHONE NUMBER (DAYTIME): _____ EXT. _____

Payment Information:
Credit Card
CREDIT CARD TYPE: _____ CARDHOLDERS NAME: _____
CREDIT CARD #: _____
SECURITY NUMBER: _____ EXP. DATE: ____/____
Bank Draft
NAME ON BANK ACCOUNT: _____
BANK NAME: _____ CHECK #: _____
BANK / ROUTING #: _____ ACCOUNT #: _____

ACCOUNT TYPE: Personal Business

ID TYPE: Drivers License Government Military Generic

ID #: _____ STATE: _____

Office Use Only:

ORDER NUMBER: _____ DATE: _____ CSR: _____