Luzerne Optical Laboratories, Ltd.
"With an Eye on Service and Quality!"

FAST FAX or MAIL
Frame Order Form

Please make copies for Future Orders or Call for More Forms

Account #: _____ Contact Name: _____
Account Name: _____
Address: _____
_____
_____
Phone: _____
Fax: _____

Page: _____ of _____
Date: _____
Order / P.O. #: _____

Special Instructions:

Patient Name or ( ) Stock	Frame Manufacturer, Frame Name/Model	Color	Eye Size	Bridge Size	Temple Size	Qty.	Unit Price	Total Cost

SUBTOTAL	
Shipping/Handling	
TOTAL	

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Fax: 1-800-525-5597
Phone: 1-800-233-9637
Email: vision@luzerneoptical.com

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