

# FAST FAX or MAIL STOCK LENS Order Form

**Fax: 1-800-525-5597**
**Phone: 1-800-233-9637**

 Please make copies for Future Orders  
 or Call for More Forms. Thank you!

Account #: _____ Contact Name: _____ Account Name: _____ Address: _____ _____ Phone #: _____ Fax #: _____ E-mail: _____	Page: _____ of _____ Date: _____ Order / P.O. #: _____  <i>Special Instructions:</i>
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( ) Stock or Patient Name	Qty. Pairs	Preferred Manufacturer or "Lab Choice" <small>(If not specified, we will supply what we have in stock)</small>	• Uncoated • Scratch Coated • Type of AR Coat <small>(Please specify one of the above)</small>	Material or Index	Sphere	Cylinder	Blank Size	Color	Cost per Pair	Total Cost

**NOTE: Indicate a pair by "1" and a half pair of lenses by ".5"**

SUBTOTAL	
Shipping & Handling	
<b>TOTAL</b>	

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