

\$89.00 Frames Order Form (Hey, I Want 1Extra Frame, Additionally)
 Check here: _____ **\$93 (include in total)**

Patient Name	Product Code	Lens Type-Choose 1	QTY	
		with Standard Single Vision Lens		\$168.00 (No tax)
		with Single Vision Polycarbonate		\$179.00 (No tax)
		with Standard No Line Bifocal Progressive		\$197.00 (No tax)
		with Polycarbonate No Line Bifocal		\$217.00 (No tax)
Frame Only		Frame only		\$89 with tax
Total Price \$: _____				\$93.99

***All orders are supplied with promotional AR COATING unless otherwise indicated.** _____

Special order notes above

Delivery Address here: _____
 City, State, Zip here _____

___ I want to pick up my order from A Mobile Technician.

___ I do acknowledge that a \$5.85 shipping fee applies to my order for delivery.

Phone # ____ - ____ - ____

Payment Method	Credit Card Number	Expiration Date	CVV Code
Visa, Mastercard, or Discover			
Name on Card:			

Draft Check	Bank Name	Routing Number:
Name on Check (Below)		
	_____	_____
	_____	_____

Account Number Above

Routing No. Above

Send/Mail in Paper Check to: 104 N. Airline Hwy. #201 Gonzales, LA 70737

Make Checks Payable to: Nicole Picou (Owner)

Check Business Local Listings at www.sos.la.gov Central Ophthalmic LLC.

*Please note: Submit with order form. Include total price for written checks. No Tax will be applied to prescription glasses.

For any questions or concerns regarding payments or orders call (504) 867-7337 or (225) 244-6625

*Please include \$5.85 to Check Total Price for delivery, otherwise you may opt to pick up your delivery from a Mobile Technician.

\$105 Frame Order Form (Hey, I Want 1Extra Frame, Additionally)
Check here:_____ \$109 (include in total)

Patient Name	Product Code	Lens Type-Choose 1	QTY.	
		with Standard Single Vision Lens		\$ 184.00 (No tax)
		with Single Vision Polycarbonate		\$195.00 (No tax)
		with Standard No Line Bifocal Progressive		\$213.00 (No tax)
		with Polycarbonate No Line Bifocal		\$233.00 (No tax)
Frame only		Frame Only		\$105 (with tax)
Total Price \$ _____				\$109.00

***All orders are supplied with promotional AR COATING unless otherwise indicated.** _____

Special Order notes above

Delivery Address here: _____
 City, State, Zip here _____

___ I want to pick up my order from A Mobile Technician.
 ___ I do acknowledge that a \$5.85 shipping fee will be added to my order for delivery.
 Phone # _____ - _____ - _____

Payment Method	Credit Card Number	Expiration Date	CVV Code
Visa, Mastercard, or Discover			
Name on Card:			

Draft Check	Bank Name	Routing Number:
Name on Check (Below)		
	_____	_____
	_____	_____

Account Number Above

Routing No. Above

Send/Mail in Paper Check to: 104 N. Airline Hwy. #201 Gonzales, LA 70737

Make Checks Payable to: Nicole Picou (Owner)

Check Business Local Listings at www.sos.la.gov Central Ophthalmic LLC.

*Please note: Submit with order form. Include total price for written checks. No Tax will be applied to prescription glasses.

For any questions or concerns regarding payments or orders call (504) 867-7337 or (225) 244-6625

*Please include \$5.85 to Check Total Price for delivery, otherwise you may opt to pick up your delivery from a Mobile Technician.

\$79 Frame Order Form (Hey, I Want 1Extra Frame, Additionally)
Check here: _____ \$83 (include in total)

Patient Name	Product Code	Lens Type-Choose 1	QTY.	
		with Standard Single Vision		\$ 158.00 (with no tax)
		with Single Vision Polycarbonate		\$169.00 (with no tax)
		with Standard No Line Bifocal Progressive		\$187.00 (with no tax)
		with Polycarbonate No Line Bifocal		\$207.00 (with no tax)
Frame Only				\$79.00 (with tax)
Total Price \$ _____				\$83.00

***All orders are supplied with promotional AR COATING unless otherwise indicated.** _____

Special order notes above

Delivery Address here: _____
 City, State, Zip here _____

___ I want to pick up my order from A Mobile Technician.

___ I do acknowledge that a \$5.85 shipping fee will be added to my order for delivery.

Phone # ____ - ____ - ____

Payment Method	Credit Card Number	Expiration Date	CWV Code
Visa, Mastercard, or Discover			
Name on Card:			

Draft Check	Bank Name	Routing Number:
Name on Check (Below)		

Account Number Above

Routing No. Above

Send/Mail in Paper Check to: 104 N. Airline Hwy #201 Gonzales, LA 70737

Make Checks Payable to: Nicole Picou (Owner)

Check Business Local Listings at www.sos.la.gov Central Ophthalmic LLC.

*Please note: Submit with order form. Include total price for written checks. No Tax will be applied to prescription glasses.

For any questions or concerns regarding payments or orders call (504) 867-7337 or (225) 244-6625

*Please include \$5.85 to Check Total Price for delivery, otherwise you may opt to pick up your delivery from a Mobile Technician.

RX GOES HERE BELOW: ENTER PD HERE: _____
 (Pupillary Distance)

		SPH.	CYL.	AXIS	PRISM	BASE
DISTANCE	R					
	L					
READING ADDITION	R			MULTIFOCAL <input type="checkbox"/> YES <input type="checkbox"/> NO	COLOR <input type="checkbox"/> YES <input type="checkbox"/> NO	PUPILLARY DISTANCE
	L					
		SPH.	CYL.	AXIS	PRISM	BASE
READING TOTAL	R					
	L					

Fill in top portion just as it is written on your actual copy.

Patient's Name : _____

Email in a copy of the actual doctor's prescription with your order. Please note: Our company **cannot** fill an eyeglass prescription without a COPY OF THE DOCTOR'S Prescription.

Other **methods to send**: Email at: cs@centralopvision.com

Mail in, with order to: 104 N. Airline Hwy. #201 Gonzales, LA 70737

or Find our Mobile Technicians/Opticians nearby to send off orders.