

INVOICE**COMPANY NAME / ADDRESS / PHONE****BEST OPTIC LAB**

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www.BestOpticLab.com**OPTICIAN NAME**

PATIENT NAME

TRAY#

DATE

FRAME ENCLOSED**FRAME INFORMATION****MARK ALL THAT APPLY**

- NEW FRAME METAL
 OLD FRAME PLASTIC
 SIZER SEMI RIMLESS
 DEMOS NO LENSES
 PATIENTS CLIP NEW Rx
 DRILL MOUNT ADD \$ OLD Rx

FRAME MFG _____

MODEL # _____

FRAME COLOR _____

EYE SIZE _____ DBL _____

CLIP-ON COLOR**LENS FINISH**

- SHINY GOLD SHINY BLACK
 MATTE GOLD MATTE BLACK
 ANTIQUE GOLD SHINY COPPER
 SHINY SILVER MATTE COPPER
 MATTE SILVER SHINY BROWN
 PEWTER MATTE BROWN

- GRAY
 G-15
 BROWN
 GREEN
 BLUE
 MATCH SAMPLE
 GRADIENT TINT / ADD \$10

MIRROR DENSITY

- FLASH DARK

MIRROR COLOR

- GOLD SILVER RED
 PINK BLUE GREEN
 COBALT ORANGE BLACK
 MIRROR/ADD - \$

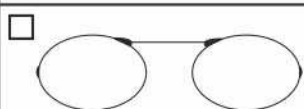
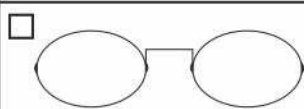
MATCH ENCLOSED FRAME COLOR

SPECIFIC COLOR ON FRAME _____

TORTOISE & MULTICOLOR FINISH ADD \$

POLARIZED/ADD \$ GRAY G-15 BROWN BACKSIDE AR/ADD \$

PLEASE ALLOW ADDITIONAL TIME

CLIP STYLE**SPECIAL INSTRUCTIONS****OFFICE USE** A.S.A.P. ADD \$ SUPER RUSH ADD \$ MATTE FINISH
PLASTIC FRAME \$ POLISH FINISH
PLASTIC FRAME \$ NOSE PADS
PLASTIC FRAME \$

CLIP _____

LENSES _____

MR / AR _____

NOSE PADS _____

MATTE FRAME _____

POLISH FRAME _____

REPLATING _____

A.S.A.P. _____

SUPER RUSH _____

SHIPPING _____

TAX _____

**FOR ALL ORDERS
ALL SALES ARE FINAL**ONE YEAR MANUFACTURER DEFECT WARRANTY
ON THE METAL. (LENSES NOT WARRANTED)

1. MAKE SURE EVERYTHING IS FILLED OUT
2. SEND LENSES IN THE FRAME
3. REDOS MUST HAVE ORIGINAL INVOICE

TOTAL _____

SEND WHITE & YELLOW WITH ORDER / KEEP THE PINK COPY FOR YOUR PATIENTS RECORD