INVOICE

COMPANY NAME / ADDRESS / PHONE

OPTICIAN NAME

BEST OPTIC LAB
820 Thompson Ave. Ste. 30 Glendale, CA 91201
Tel: 818-649-1799
Email: info@BestOpticLab.com
www.BestOpticLab.com

PATIENT NAME

TRAY# DATE

FRAME ENCLOSED

MARK ALL THAT APPLY

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

FRAME INFORMATION

FRAME MFG _____

MODEL # _____

FRAME COLOR _____

EYE SIZE _____ DBL _____

CLIP-ON COLOR

- ☐ SHINY GOLD
- ☐ MATTE GOLD
- ☐ ROSE GOLD
- ☐ ANTIQUE GOLD
- ☐ SHINY SILVER
- ☐ MATTE SILVER
- ☐ PEWTER
- ☐ SHINY BLACK
- ☐ MATTE BLACK
- ☐ SHINY GUNMETAL
- ☐ SHINY COPPER
- ☐ MATTE COPPER
- ☐ SHINY BROWN
- ☐ MATTE BROWN

MATCH ENCLOSED FRAME COLOR ☐

SPECIFIC COLOR ON FRAME _____

TORTOISE & MULTICOLOR FINISH ADD

LENS FINISH

- ☐ GRAY
- ☐ G-15
- ☐ BROWN
- ☐ GREEN
- ☐ BLUE
- ☐ MATCH SAMPLE
- ☐ GRADIENT TINT / ADD

POLARIZED/ADD
☐ **WITH BACK AR**
☐ GRAY ☐ G-15 ☐ BROWN

MIRROR DENSITY
☐ FLASH ☐ DARK

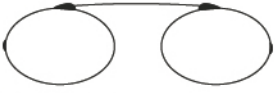
MIRROR COLOR
☐ GOLD ☐ SILVER ☐ RED
☐ PINK ☐ BLUE ☐ GREEN
☐ COBALT ☐ ORANGE ☐ BLACK

☐ **MIRROR/ADD**

☐ **BACKSIDE AR/ADD**
PLEASE ALLOW ADDITIONAL TIME

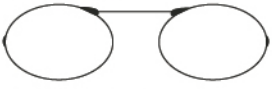
CLIP STYLE

☐ **LENS SHAPE**



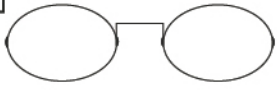
☐ **FRAME SHAPE**

☐ **LENS SHAPE**



☐ **FRAME SHAPE**

☐



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

SPECIAL INSTRUCTIONS

- ☐ **A.S.A.P.**
- ☐ **SUPER RUSH**
- ☐ **MATTE FINISH PLASTIC FRAME**
- ☐ **POLISH FINISH PLASTIC FRAME**
- ☐ **NOSE PADS PLASTIC FRAME**

OFFICE USE

CLIP _____

LENSES _____

MR / AR _____

NOSE PADS _____

MATTE FRAME _____

POLISH FRAME _____

REPLATING _____

A.S.A.P. _____

SUPER RUSH _____

SHIPPING _____

TAX _____

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