



# ATLANTIC EYE

300 S HIGHWAY 35, SUITE 300. EATONTOWN, NJ 07724 | 732.222.7373  
 1963 NJ-34 BUILDING B, SUITE 101. WALL TOWNSHIP, NJ 07719 | 732.223.6555  
 100 COMMONS WAY # 230, HOLMDEL, NJ 07733 | 732.796.7140  
 180 WHITE ROAD, SUITE 202. LITTLE SILVER, NJ 07739 | 732.219.9220

**CONTACT LENSE ORDER FORM**      LB    LS    HD    MN

Patient Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DATE: \_\_\_\_\_

Lab: \_\_\_\_\_ Confirmation #: \_\_\_\_\_ Backordered: Yes      No

**CL ORDER**

Ordered By: \_\_\_\_\_

**RIGHT**

**LEFT**

BRAND: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

B.C. / DIAM: \_\_\_\_\_

POWER: \_\_\_\_\_

# of BOXES: \_\_\_\_\_

# of LENSES per box: \_\_\_\_\_

\_\_\_\_\_ Trials Only      \_\_\_\_\_ Ship to office      \_\_\_\_\_ Disp. From stock      \_\_\_\_\_ Ship to pt

**PATIENT MAILING INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BILLING INFORMATION:**

Shipping Costs:      \$10.00 (standard)      \$20.00 ( Sat / Overnight / 2 Day )      N/C Annual Supply

Lens Price: Per Box / Per Lens:      OD \_\_\_\_\_      OS \_\_\_\_\_

TOTAL AMOUNT DUE (including shipping): \$ \_\_\_\_\_ Paid: Yes      No

CC#: \_\_\_\_\_ CCV#: \_\_\_\_\_ Exp: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Vsp / Eyemed / Spectera Auth#: \_\_\_\_\_

Allowance Amount: \$ \_\_\_\_\_ Total Patient owes after Allowance: \$ \_\_\_\_\_