

Fax Toll Free to 1-800-401-1495

P. O. Box 366 Louisiana, MO 63353 Phone: 1-800-516-5367 Fax: 1-800-401-1495

Instructions: If you would like to order by fax or mail you can print this form and fill it out. Please make sure that all of your entries are complete and clearly legible to ensure quick processing. Orders within the US can be faxed to 1-800-401-1495 (International 001-573-754-3600) or mailed to Just Lenses, P. O. Box 366, Louisiana, MO 63353.

Prescription In	formation							
	Left	Eye (OS)				R	ight Eye	(OD)
LENS NAME:				LENS NA	ME:			
BASE CURVE (BC):				BASE CURVE (BC):			
DIAMETER (DIA):				DIAMETER (D	DIA):			
POWER (Sphere):				POWER (Sphe	ere):			
CYLINDER (for Toric):			C	YLINDER (for To	ric):			
AXIS (for Toric):				AXIS (for To	ric):			
ADD (for Bifocal):				ADD (for Bifo	cal):			
COLOR (Optional):				COLOR (Option	nal):			
QUANTITY:				QUANT	TTY:			
Eye Care Practi	tioner							
Doctor / Store Name:			Do	octor / Store Ph	one:			
Patient Name:				Patient Birthd	late:			
Shipping Infor	mation							
Name:								
Address:								
City:			State			Zip / Posta	al Code:	
Country:								
Day Phone:				Evening Phone:	:			
Email:								
Shipping Method:	○ Expedited	◯ 2nd Day		○ Next Day		○ Internation	nal	(SELECT ONE)
Billing Informa				,				,
Credit Card Type:	○Visa			O Discover		American	Express	(SELECT ONE)
Credit Card Number:					Exp	piration Date:		
Cardholder Name:					•	<u>'</u>		
Address:								
City:			State	::		Zip / Posta	al Code:	
Country:								