


HOPEWELL JUNCTION

LAST, FIRST										DOCTOR				
ADDRESS										VISION PLAN				
CITY										STATE		ZIP		
EMAIL										ID#				
ORDER DATE				DATE WANTED			PHONE			Member DOB		Pt DOB		
SPHERE			CYL		AXIS		PRISM		DEC		AUTH#			
R											LENSES			
L											FRAME			
ADD		HEIGHT		MONO PD		PD			PD			TRANS		
R					R		FAR			NEAR		ARC		
L					L		FAR			NEAR		CL		
A		B		ED		BC		ARC					EXAM	
LENS								Lens Color						
								Lab				Inv No.		
FRAME: STYLE, COLOR, SIZE, TEMPLE LENGTH												TOT		
												DEP		
												BAL		



www.RaymondOpticians.com

RAYMOND OPTICIANS

(845) 223-2010

M 10-6, T 10-6, W 10-6, Th CLOSED, F 10-6, Sat 10-4, Sun CLOSED

www.RaymondOpticians.com

hopewelljunction@raymondopticians.com

If you have any questions regarding your order, please call me.

NAME

ORDER DATE

ESTIMATED READY TIME

CALL FIRST before coming in for your order

Employee Name

*WE TAKE GREAT PRIDE IN THE QUALITY OF OUR CUSTOM MADE PRESCRIPTION LENSES. IF THEY DO NOT PASS INSPECTION FOR ANY REASON YOUR ORDER MAY TAKE LONGER THEN ORIGINALLY QUOTED.

TOTAL

DEPOSIT

BALANCE DUE

Full payment and all insurance paperwork are due at pick up

PREScription LENSES ARE CUSTOM MADE AND ARE NOT REFUNDABLE.
FRAMES CAN BE RETURNED FOR STORE CREDIT WITHIN 30 DAYS OF PURCHASE.