



Order Form

Doctor/Account Name _____ Phone _____

Patient Name _____

Please Check one ___ Current ___ Diagnostic

Parameters O.D. BC _____ Power _____ Diameter _____ PC _____

O.S. BC _____ Power _____ Diameter _____ PC _____

Spectacle Rx and K's - Only required if E & E Optics is to design lens(es)

Spectacle Rx O.D. _____

O.S. _____

K – Readings O.D. _____ X _____ @ _____

O.S. _____ X _____ @ _____

Please specify: Material _____ Color _____

Warranted _____ Non-Warranted _____

New Patient _____ Previous Patient _____

Dot O.D. Y N

Additional Information: _____

Fax completed order form to 818-908-0673

Or scan completed order form and email to: order-us@eandeoptics.com