

Visit us at:
www.bausch.com



PATIENT ORDER FORM

Fax Order to: 1-800-356-8056

Overnight
(charges apply)

Date / /

Account # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Acct Name <input style="width:100%;" type="text"/> Address <input style="width:100%;" type="text"/> State <input type="text"/> <input type="text"/> Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contact Name <input style="width:100%;" type="text"/> Office Phone # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Office Fax # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P.O. # <input style="width:100%;" type="text"/>
--	--

Toric Lenses MultiFocal

Box or Trial (fill in one)		Patient Name	Lens Type	Quantity	Power	Cylinder	Axis	Base Curve	Add Power (fill in one)	
Box <input type="radio"/>	Trial <input type="radio"/>								High <input type="radio"/>	Low <input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>								<input type="radio"/>	<input type="radio"/>

(For internal B&L use only)

Order Placed by _____ AM ____ PM ____ Order # _____ Date _____ Initials _____

To request additional order forms call customer service at:
1-800-828-9030

Visit us at:
www.bausch.com



To request additional order forms call customer service at:
1-800-828-9030