

CONTACT LENS ORDER FAX FORM

**Only to be used for Contact Lens orders that cannot be placed in CIAO! OR select Trial lenses*
not found on the Contact Lens Status Portal.**

Please print clearly and complete all lines or your order will be delayed.

Email: contactlensorders@luxotticaretail.com (Best Option)

Fax to 1-513-492-5332 when completed. (Alternate Option)

SHIP TO STORE OR SHIP TO HOME

Overnight Delivery OR Standard Delivery

- **NOTE:** Customer's address needed for home delivery only.
- **NOTE:** No home delivery on Proclear Multifocal Toric
- **NOTE:** No home delivery on Trial lenses

Check here if Trial CL Order for:

***CooperVision - Proclear Multifocal Toric**

Store Systems Support Ticket #: _____

Purchase Order Date: _____

Brand ID: (please identify your brand name + Store#)

Process through NOVG/OOGP

***California stores please provide EE2K number**

LC#_____ Pearle#_____ Target#_____ Luxury/Antoine Laoun#_____ TV_____

Store Fax #:_____ Store Email:_____

Customer's Last Name:_____ First Name:_____

Street address:_____

City:_____ State/Prov:_____ Zip:_____

Receipt #:_____ Sales Order/Receipt#_____
(from the customer receipt) *(from today's Daily Transaction Report)*

Product Name:_____ Circle RX or DX
(Please do not abbreviate; order must have the brand and type of contacts, for example: Proclear Multifocal Toric)

Circle package size: 1 2 3 4 6 12 24 30 90

Number of packs per eye:_____

RX /DX* Info	Sphere	Cylinder	Axis	Base Curve	Diameter	Color	Add power	Specify DOM or Non-DOM
OD (Right)								
OS (Left)								

* Use of this form for **Trial Lens** orders will be limited to **CooperVision - Proclear Multifocal Toric**.

Customer Service Only: SAP Order #_____

Date Ordered:_____