

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: _____