

Contact Lens Order Guide – Lunet

Contact Lens Orders

Revenue Contact Lens Orders						Trial Orders
On CL Price Card	In Ciao	Type of Lens	RX Type in Ciao	Pricing entry in Ciao	Ordering	Ordering
YES	YES	Standard CL (Ex. Acuvue Oasys)	Contacts SV/Multifocal/Mixed	Auto-priced based on lens selection	Auto-ordered through Premium Vision at tender	Phone in directly to vendor
YES	NO	Specialty: Proclear Multifocal XR	SO Contacts MF 20500000362022	Manually enter using CL Price Card	Email Order Form to the Service Center	Phone in directly to vendor
YES	NO	Specialty: Proclear Multifocal Toric	SO Contacts Toric MF 20500000362046	Manually enter using CL Price Card	Email Order Form to the Service Center	Email Order Form to the Service Center
YES	NO	Specialty: Biofinity Multifocal Toric Ultra Multifocal for Astigmatism	SO Contacts Toric MF 20500000362046	Manually enter using CL Price Card	Email Order Form to the Service Center	Phone in directly to vendor
YES	NO	Specialty: Biofinity Toric XR Proclear Toric XR	SO Contacts Toric SV 20500000362039	Manually enter using CL Price Card	Email Order Form to the Service Center	Phone in directly to vendor

	Alcon 800-268-4574	B&L 800-686-0002	CooperVision 905-475-8555	J&J 800-267-5098
T141 - Lebourgneuf	100011489	60009619	Q103141	6342074
T142 - Lévis	100026277	60009620	Q103142	No acct yet
T143 - Blainville	100191933	60009631	Q103143	6342120

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Entering a Specialty Contact Lens Rx

Source: Interna

Sphère: OD(D) -1.50, OS(G) -1.00

Cylindre: OD(D) 0, OS(G) 0

Axis: OD(D) 0, OS(G) 0

Courbure de base: Entrer la valeur 8.40, Entrer la valeur 8.40

Diamètre: 14.40, 14.40

Type de prescription: Verres de contact progr

Date d'inscription: Montplaisir, Jean

Date d'expiration: 2024-01-01

Exigence médicale: Bifocaux/progressifs

Actif: Verres de contact progressifs (2)

Recommandations: Verres de contact mixtes

Autre: Biofinity Toric XR

Brand Name	MFR	BC	DIA
Proclear Multifocal XR	Cooper	8.4, 8.7	14.2
Biofinity Multifocal Toric	Cooper	8.7	14.5
Proclear Multifocal Toric	Cooper	8.4, 8.8	14.4
Ultra Multifocal for Astigmatism	B&L	8.6	14.5
Biofinity Toric XR	Cooper	8.7	14.5
Proclear Toric XR	Cooper	8.4, 8.8	14.4

Verres de contact → **Formulaire de commande**

	Taille de l'emballage	Prix de l'emballage	Approvisionnement annuel	Quantité en stock/en magasin	Quantité à commander	
OD	SO Contacts MF	6	179.99	<input type="checkbox"/>	0	1
OS	SO Contacts MF	6	179.99	<input type="checkbox"/>	0	1

Lieu d'expédition: Expédier au client

Shipping Selection: Standard

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Contact Lens Order Form

- Specialty CL Orders are **emailed** to the Contact Lens Service Center (contactlensorders@luxotticaretail.com)
 - The Service Center keys in the orders directly to Premium Vision so please make sure all info is accurate
 - They will email an order confirmation when they process the order
- Orders should show up in the Premium Vision portal within 24 hours
 - It is very important to continue to track these orders
- For orders being delivered to the site, best practices are as follows:
 - Create a tray with the patient's name and date of order (visible).
 - Tray should also include the specialty CL order sheet.
- To follow up on orders, please track in the Premium Vision portal or call the Service Center
 - 833-467-4243**
 - Product related questions: Option 2
 - Contact Lenses: Option 1
 - Product to come: Option 3

Ciao Order History

Type	Business Date	Brand/Site	Frame / AFA	Lens	POS Transaction Id	Color	Add power	Specify DOM or Non-DOM
	3/13/2024	29009		SO CLs - Sample	1019012			
Customer Order Id: 10115068529009				EPP: No	Dispense Date: N/A	Dispensing Associate: N/A	*Use of this form for Trial Lens orders will be limited to CooperVision-Proclear Multifocals Toric.	
				Customer Service Only: SAP Order # _____ Date Ordered: _____				

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.

A utiliser uniquement pour les commandes de lentilles de contact qui ne peuvent pas être placées dans CIAO ! OU pour sélectionner des lentilles d'essai* qui ne figurent pas sur le portail d'état des lentilles de contact. Veuillez imprimer clairement et remplir toutes les lignes, sinon votre commande sera retardée.

Email: contactlensorders@luxotticaretail.com (Best Option/ Meilleure option)
Fax to 1-513-492-5332 when completed. (Alternate Option/ Option alternative)

SHIP TO STORE Expédier au magasin OR SHIP TO HOME Ship à la maison

Overnight Delivery Livraison de nuit OR Standard Delivery Livraison standard

- NOTE: Customer's address needed for home delivery only. (L'adresse du client est nécessaire pour la livraison à domicile uniquement)
- NOTE: No home delivery on Proclear Multifocal Toric (Pas de livraison à domicile sur Proclear Multifocal Toric)
- NOTE: No home delivery on Trial lenses (Pas de livraison à domicile pour les lentilles d'essai)

Store Systems Support Ticket #: ticket d'assistance pour les systèmes de magasins # _____

Purchase Order Date: Date du bon de commande : _____

TeamVision Canada:

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

Process through
Premium Vision

ID de la marque : (veuillez indiquer le nom de votre marque + le numéro de magasin)

*California stores please provide EEK number

LC# _____ Pearl# _____ Target# _____ Luxury/Antoine Laoun# _____ TV _____

Store Fax # (Fax de magasin) _____ Store Email (Courriel du magasin) _____

Customer's Last Name (Nom de famille du client): _____ First Name (Prénom): _____

Street address (Adresse de la rue) _____

City (ville) _____ State/Prov (état/prov) _____ Zip/Code postal _____

POS Transaction ID

Receipt # (Accusé de réception): _____
(from the customer receipt- extrait du récép. du client)

Customer Order ID

Sales Order/Receipt# (Commande de vente/reçu) _____
(from today's Daily Transaction Report- extrait du Daily Transaction Report d'aujourd'hui)

Product Name Nom du produit: _____ Circle 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 Taille de l'emballage circulaire: 1 2 3 4 6 12 24 30 90

Number of packs per eye Nombre d'emballages par œil: _____