The Optical Place

The Optical Place
4664 Beechnut
Houston TX 77096

Phone: 713-666-6691
Fax: 713-666-6658
Email: doc@topdoc.com

Contact Lens Order Form *required fields

***Bill To:**_____

*Billing Address_____

Line2_____

*City_____*State_____*Zip_____

Home Phone_____

Work Phone_____

Cell Phone_____

*Email_____

*Credit Card Holder_____

*Credit Card Number_____

*Credit Card Expiration_____

***Ship To:(If different from mailing address)**

_____

*Shipping Address_____

Line 2_____

*City_____*State_____*Zip_____

***Perscribing Eye Doctor**

*Doctor's Name_____

*Doctor's Phone_____

*Doctor's Fax_____

Contact Lens Brand	Contact Lens Type	Contact Lens Base Curve	Contact Lens Power	Left Eye or Right Eye	Contact Lens Color	Number of Boxes	Unit Price or Package Price
						Subtotal	
						Tax	
						Balance Due	

INSTRUCTIONS:

Print and fill out form then
Fax to 713-666-6658
OR
Mail completed form to
The Optical Place
4664 Beechnut
Houston TX 77096

Thank you from the The Optical Place team.

The Optical Place
www.topdoc.com