

# Contact Fill

# Order Form

*contact lens service*

**Note: Items marked with an asterisk\* are required**

## Shipping and Payment Information

Last Name\*

First Name\*

Home Phone\*

- -

ext.

Work Phone

- -

ext.

Address\*

City\*

State\*

Zip\*

-

E-mail Address

Social Security  
Number

Credit Card  
Type

Visa  
Mastercard  
Discover

Credit Card  
Number

Exp Date

(MM/YYYY)

Just complete our printable order form and **mail** or **fax** it to us. If you are uncertain about your prescription information, provide your eye doctor's contact information and we will phone your doctor for clarification.

Providing complete Shipping and Payment Information will aid in the prompt delivery of your order.

## Doctor Information

Last Name\*

Doctor Information is required to verify your prescription.

First Name

Phone Number\* - -  
ext.

**Prescription Information**

- If you are refilling a prescription that was previously filled by Contact Fill, you may order your refill by providing the prescription number below rather than by entering the prescription parameters. The prescription number is found on your original statement of account.
- Prescription information should be completed for orders of new prescription

Prescription Number (for refill orders only)

Right Eye (OD)

Left Eye (OS)

Brand		
Base BC	(8.0 - 10.01)	(8.0 - 10.01)
Dia	(13.0 - 15.0)	(13.0 - 15.0)
Sphere	(-20 - +20)	(-20 - +20)
Cyl	(-4.00 - +4.00) (Toric Only)	(-4.00 - +4.00) (Toric Only)
Axis	(0 - 180) (Toric Only)	(0 - 180) (Toric Only)
Add	(+1.00 - +2.50) (Bifocal Only)	(+1.00 - +2.50) (Bifocal Only)
Color	(optional)	(optional)

**Price Information**

# of Packs

Price \$ \$

Shipping **\$3.95**

Total \$

**Not all contacts are available in all colors.**

