



LENSTEC Toll Free Fax/E-mail Re-Order Form

Fax To: 1-866-536-3040 or E-mail To: orders@Lenstec.com

Order Date: _____ Required Delivery Date: _____ Surgery Date: _____

Account #: _____ P.O. #: _____ Lenstec Sales Rep: _____

Account Name: _____ Name of Person Ordering: _____

Account Address: _____ City, State, Zip: _____

Type of Order: Bill & Replace Bill Only Add to Consignment Direct Purchase

Shipping Method: Ground Express Saver 2nd Day Standard Overnight
 Priority Overnight First Overnight

IOL Re-Order Form

Surgeon's Name: Dr. _____

Place IOL Label Here	Place IOL Label Here
Place IOL Label Here	Place IOL Label Here
Place IOL Label Here	Place IOL Label Here
Place IOL Label Here	Place IOL Label Here
Place IOL Label Here	Place IOL Label Here

Page ____ of ____ No. of Boxes of Cartridges needed with this reorder: _____

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Acct #: _____ Order Date: _____ Surgeon's name: _____ Page ___ of _____

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